

The 2009 Health Care Reform and Insurance Coverage for Migrant Construction Workers in Beijing, China

A Thesis Presented to the Faculty of Architecture and Planning
COLUMBIA UNIVERSITY

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Urban Planning

By
Amy Yang
May 2014

Human Subjects Protection Statement

This reports contains findings from interviews conducted during a site visit in December 2013, completed for the purpose of this study. The study was approved by the Columbia University Morningside Institutional Review Board (IRB-AAAM8810).

ACKNOWLEDGEMENTS

Thank you to:

Xin Li, Visiting Professor of Planning, Columbia University

Mindy Fullilove, Professor of Clinical Sociomedical Sciences, Mailman School of Public Health

Junjie Chen, Research Affiliate, Weatherhead Institute, Columbia University

Wenmeng Feng, Director of Research, China Development Research Foundation

Yao Lu, Assistant Professor of Sociology, Columbia University

Smita Srinivas, Assistant Professor of Planning, Columbia University

Deland Chan, Urban Studies Lecturer, Stanford University

Yangyang Woo, Translator, Student at Peking University

17 construction workers interviewed

TABLE OF CONTENTS

1 | INTRODUCTION

2 | LITERATURE REVIEW

3 | METHODOLOGY

4 | DATA ANALYSIS AND RESEARCH FINDINGS

5 | CONCLUSIONS AND SUGGESTIONS FOR FUTURE RESEARCH

APPENDIX

- A. *Questionnaire (English and Chinese)*
- B. *IRB Consent Form (English and Chinese)*
- C. *China Health and Nutrition Survey*
- D. *Translated Migrant Interview Transcripts*
- E. *Field Notes*

REFERENCES

EXECUTIVE SUMMARY

By the year 2020, China aims to achieve universal health care coverage. The most recent health care reform was passed in 2009. With three major health care insurance schemes already in place at this time, the Central Government has had success in insuring urban residents, urban employees, and rural residents. However, one of the most vulnerable populations remains inadequately insured and unseen: the migrant construction worker. They are both rural-urban migrants who cannot access many urban health care resources because of their rural hukou, as well as the severely disenfranchised temporary laborers at the lowest-rung of the construction industry. Standing at the intersection of two highly vulnerable and invisible populations, migrant construction workers are at compounded risk of entirely slipping past any formal health care infrastructure. Thus, this paper seeks to investigate how the most recent 2009 health care reform has attempted to capture this doubly vulnerable population within the formal health care system. I conducted interviews with migrant construction workers in Beijing, interviewed scholars, and complimented my findings with data extracted from the China Health and Nutrition Survey. I found that migrant construction workers tended not to be aware of the services they can access or the benefits to which they have a right, nor were they highly interested in obtaining them; there more pressing issues to worry about such as financial security. However, these findings are compounded by a highly complex social, economic, and political context. Although legal tools do exist to reinforce labor laws, it often requires time,

knowledge of the convoluted legal system, and political savvy to successfully use them, none of which a migrant construction worker is likely to have. Thus, construction migrant workers lie at the intersection of two disenfranchised groups making them especially invisible to the political eye.

1 | INTRODUCTION

As China loosens its policies, the Chinese population is becoming increasingly mobile (NHFPC 2013). Long-standing systems of social service distribution suddenly become insufficient in providing for a changing population with a wide range of needs. Provisions such as health care and education are allocated based on hukou registration; for rural and urban residents who have remained in their original city of registration, obtaining these services is still straightforward. However, the migrant population faces difficulties, as policies, especially surrounding the hukou system, have yet to catch up to changing population trends. In terms of health care planning, city governments face a tricky task in developing policies that adequately address the health needs of a rapidly changing demographic, driven largely by the influx of migrants from the rural areas. This is especially true as the Chinese government has announced that it hopes to have 60% of the population living in urban areas by the year 2020 (Want China Times 2013; Reuter 2013).

In the case of Beijing, the city has become “a major migration destination, where the migrant population...[has, as of 2007, exceeded] 4 million, accounting for ¼

of the total population” (Peng et al. 2010) Development trends also have Beijing slated for intense growth and 40 trillion yuan to fund these construction projects over the next decade (Want China Times 2013), suggesting that the number of migrants will keep growing to keep up with the demand for labor on these construction projects.

Construction workers make up the third largest migrant occupation in Beijing at 18.3%, behind lodging catering service at 19.9%, and then wholesale and retail at 28.3% (Peng et al. 2010). They are also the occupation group that reported the least number of people that had fallen sick and the lowest percentage of those who saw a doctor (Peng et al. 2010). However, it has been studied that construction workers in Beijing are “vulnerable to high rates of injury and death in working environments in which the majority of employers fail to pay legally-required medical and accident insurance”(Human Rights Watch 2008). Thus, there seems to be a disconnect between the services used by migrant construction workers and the inherent hazards of their work environment.

Access to health care and health services is determined much by access to medical insurance (Wang 2010). Currently, there are four insurance schemes: 1) Urban Employees’ Basic Medical Insurance Scheme (UEBMIS), 2) Urban Residents’ Basic Medical Insurance Scheme (URBMIS), 3) New Cooperative Rural Medical Insurance Scheme (NCRMIS), and 4) Urban and Rural Medical Assistance Scheme (URMAS). These four schemes stemmed from reform efforts that were catalyzed by the realization that the health infrastructure was increasingly ineffective at providing

affordable care. Since the market reforms of the 1980s, insurance coverage rates had decreased so much such that by 2002, “close to 90% of the rural population had no insurance coverage,” (Yip and Hsiao 2009) only “29% of Chinese people [had] health insurance, which they now need in order to cover the costs of care,” and “out-of-pocket expenses accounted for 58% of health care spending” (Blumenthal and Hsiao 2005). Now, the “soaring out-of-pocket medical expenses...have not only become a direct financial threat to lower-income residents, but also created a financial barrier to health care access, thus contributing to the cycle of poverty associated with poor health” (Liu, Song and Rizzo 2010; Liu, Rao and Hsiao 2003; Hennock 2007; Yip and Hsiao 2009).

Because the details and distribution of social benefits, such as health insurance, are largely determined by local governments, migrants who moved to large urban areas for increased income opportunities (NHFPC 2013), often find themselves faced with steep medical bills they must pay out-of-pocket because they are not in their original, registered locality (Dong 2009). Studies have shown that due to this, many migrant workers simply bear with their ailments and do not seek care unless they are seriously ill; many also resort to self-treatment or illegal clinics run by unregistered practitioners that offer lower rates (Peng et al. 2010). These risky behaviors are the manifestation of insurance policies that do not adequately address this population’s health care needs.

While acknowledgment of this insurance coverage gap is a great step forward, there already have been doubts and criticisms about the efficacy of the 2009 Health

Care Reform in terms of increasing access for migrant workers. Although some migrants are able to pay for their own coverage, and some employers may for occupation-related hazards insurance, in the year 2000, only 23% of the migrant population in China was covered by any health insurance plan. Fundamentally, the nature of migrants' work is informal (WHO 2010), thus, it is difficult for them to exert any assertions over their employer to demand their rights. If they try, they are fired (WHO 2010), convincing many that the only choice they have is to bear with their ailment.

Therefore, this research seeks to investigate the experience of rural-to-urban migrant construction workers in Beijing, China before and after the 2009 Health Care Reform and how it has affected their ability to seek care. The literature suggests that there are factors outside of health care reform, such as labor rights for example, that may influence a migrant construction worker's ability to access health care. However, it is also possible that with the efforts of the 2009 Reform to increase coverage, a Beijing-based migrant construction worker may experience improved health care access. This is what I seek to investigate.

2 | LITERATURE REVIEW

Evolution of health insurance in China

Between 1949 and 1979, the Chinese health care system operated on a three-tier system. Primary care was carried out by barefoot doctors in the rural communes and by workplace clinics in the urban areas. Township hospitals in rural areas and

district hospitals in urban areas in provided secondary care for more serious cases. Finally, county and city hospitals were available to provide tertiary care for the most serious cases requiring specialized care. Rural populations were covered by the Rural Cooperative Health care System (RCHS) which were organized around the work communes, whereas urban populations were covered by the Labor Insurance System (LIS) which were organized around employment location. This was a highly effective model of health care delivery because, “difficult techniques or complex diagnostic procedures cannot be practised regularly enough in small populations...[and so] requires an optimal degree of decentralization” (Unger and Criel 1995). Thus, within the 30 years of its existence, the health care system under the planned economy “increased the average life expectancy from 35 to 68 years, reduced infant mortality from 250 to 40 deaths per 1000 live births, and decreased the prevalence of malaria from 5.5% to 0.3% of the population. These universally acclaimed achievements have resulted, in part, from a system of central planning, emphasis on ‘prevention first’, community organization and cooperative financing of health care” (Ministry of Public Health 1989; Hsiao 1995). Furthermore, this system was able to minimize out of pocket fees for health care users through the provision of universal health care insurance coverage (Barber and Yao 2010).

In the early 1980s, the government initiated market reforms featuring decentralization and marketization that led to an extraordinary growth in GDP and a reduction of the absolute number of people living in poverty, but also “virtually dismantled its apparently successful health care and public health system”

(Blumenthal and Hsiao 2005). Subsequently, throughout the 1980s local clinics saw decreasing federal funding since they had been given the responsibility of health care and thus turned to other methods to bring in enough money to stay open, such as overprescribing expensive medications and procedures. This shifted the cost of health care from the government to the citizen. Between 1980 and 1990, the government share of health care costs dropped from 36.2% to 25.1%, and bottomed at 15.5% in 2000. Conversely during this time, the individual share of health care costs increased from 21.% in 1980 to 35.7% in 1990, and peaked at 60% in 2001 (Dong 2009; See Table 2). In the words of William Hsiao (1995),

“Health care policy followed economic policy. China made three major policy changes in health care. First, the government had to severely limit the public funds available for health care because of the drain on its budget resulted from the large losses incurred by state enterprises. Whatever the government could not finance, it left to the private market with a laissez-faire policy. For example, when collective farming was replaced in the early 1980s by individual household responsibility, collectively-financed and organized village health stations collapsed. The government took no remedial action. By default, the government allowed an unrestrained market to take its course. As a result, rural health services are now largely provided by fee-for-service private practitioners and patients’ ability-to-pay determines supply and demand” (Hsiao 1995).

The lesson here is that, “first, there is a close linkage between financing, price and organization of health care. Uncoordinated policies could exacerbate inequity and inefficiency in health care. Second, incentives had great influence on the hospitals’ and physicians’ behaviors on what drugs and medical modalities were used to treat patients. Prices have to be rationalized and modern management of hospitals and health centers has to be instituted to produce better quality health services and improve efficiency” (Hsiao 1995).

In 1997, the first health care reform was introduced by the Communist Party Committee (CPC) and the State Council. The general goal was to increase insurance coverage, which included introducing the Urban Employee-Based Medical Insurance (UEBMI) as well as expanding the rural cooperative medical scheme. Thus in 1998, the Basic Medical Insurance (BMI) was launched nation-wide for urban formal sector workers, which had previously been pilot tested in two cities four years prior: Zhenjiang City, Jiangsu and Jiujiang City, Jiangxi Province. By 2003, “more than half of urban employees were covered by one or more kinds of insurance” (Dong 2009; See Table 2). However, the attempted expansion of the rural scheme did not have much effect on coverage, so the Central Government initiated the New Rural Cooperative Medical Insurance Scheme (NRCMS) to replace the original version.

The 2004 Health Care Reform aimed to improve the payment and reimbursement system, which had been identified as one of the driving factors of skyrocketing health care costs. Then in 2006, the government established the Health care Reform Leading Group tasked specifically to determine the best way to reform

health care and did so by expanding existing piloted designs and introducing new ones. The result was a report issued in 2009 by the CPC Central Committee and State Council, titled “Opinions on Deepening the Health care System Reform.” It recommends that future reform should focus on “public health, service delivery, medical security, and essential pharmaceuticals” (Dong 2009; See Table 2).

Migrants and Health Care

When the hukou system was put into place in 1958, it greatly restricted migration between cities. However, the economic changes in the early 1980s were also accompanied by the loosening of the hukou system, allowing greater mobility especially between rural and urban areas (Monetal 2009). In the cities, migrants work in various occupations such as retail, lodging catering, construction, manufacturing, transport, and domestic service. As rural-urban income disparities increase with increasing development, rural residents migrate to the city to find work and higher pay. However, while the hukou system has become much more flexible than it originally was, it is still in place. As such, rural-urban migrants are not privy to the same social services as the urban residents in the city, namely health and education. In 2013, the National Bureau of Statistics estimates that approximately one in six people, or 16.67% of the population, are migrants (NHFPC 2013).

Although by 2012, 95% percent of the Chinese population was insured(Boynton, Ma and Schmalzbach 2012), it remains unclear as to how effectively this number captures the coverage rate of migrant workers. Some may have coverage

in their hometown, which is why they choose to travel back to their hometown to seek health care. However, not all occupations offer the luxury of taking time off. Some employers in the city will provide some form of insurance for work-related injuries, however this is not the norm, nor is it required. This is perhaps also an issue of labor reform. Hong et al. (2008) conducted interviews with migrant workers in Nanjing and Beijing and found the salient themes to be about “no health care coverage,” “low utilization of medical facilities,” formalized care being “too expensive,” having no time, perception of the hospital as a “luxury,” the fear of being fired, endurance of illness, unsupervised self-treatment, use of home remedies, use of friend’s insurance card, seeking out “private unlicensed clinics,” and “delayed treatment” (Hong et al. 2006).

Thus, many migrant workers are still left with no form of health care insurance. Especially compared with rural areas, cities are much more expensive, including health care. While migrant workers earn more money than they would have in their rural hometown, it is still very little compared with the salary of urban residents. If they should fall ill, migrants tend to avoid seeking care at a legitimate hospital, although sometimes it is unavoidable and they must pay out of pocket in full. Some others seek care at illegal clinics which offer reduced rates but often are run by people who are untrained and may use defective and unsanitary equipment. Many deaths have been reported (Hong et al. 2006).

However, some city governments have taken the initiative to set up their own form of insurance for the migrant workers in their city. In 2002, Shanghai introduced

the Shanghai Migrant Worker Hospitalization Insurance (SMWHI) and stipulated that “every migrant worker ought to have SMWHI along with work injury insurance and pension insurance,” with all the premiums borne by the employer, and an 80% reimbursement rate for hospitalization costs (Zhao, Rao and Zhang 2011).

2003 New Rural Cooperative Medical Insurance Scheme

Starting in the 1980s, “the rural health system crisis [had been] well-reported by think-tanks, and by national and international scholars for more than 15 years” (Wang 2008). Additionally, the coverage rate of rural residents had never exceeded 10% (Lei and Lin 2009) throughout the 1990s. The 2003 New Rural Cooperative Medical Insurance Scheme (NRCMS), therefore, was a response to the alarmingly high rate of uninsured rural residents. While there was a slight increase in the early 2000s, it was not until the implementation of the NRCMS that the coverage increased dramatically. In 2004, insurance enrollment was only at 3%; in 2006, enrollment was at 40.57%, and by 2012, enrollment was at 95% (Ministry of Health 2012). Key attributes of this plan included: 1) voluntary participation in the NRCMS, 2) county-level administration, 3) a focus on catastrophic illnesses the cost of which will be shared between the government and individual, and 4) full-household participation (Lei and Lin 2009).

By 2012, not only had the NRCMS achieved near universal coverage in the rural population, the hospital reimbursement rates reached 75% “with an annual payment ceiling of no less than 8 times of farmer’s per capita net income,” and around 80% of

the areas had carried out payment reforms to control medical costs (Ministry of Health 2012).

2009 Health Care Reform

The 2009 Health Care Reform has five goals: 1) to expand basic medical insurance, 2) to establish a national essential drug list (EDL) system, 3) to improve grassroots medical infrastructure, 4) to provide more equitable access to basic health care services, and 5) to carry out public hospital pilot reforms. Within these goals, the government seeks to attain universal coverage by the year 2020, and writes a paragraph on its dedication to migrant health:

“Efforts should be made to vigorously promote UEBMI participation by...migrant rural workers. For those with employment difficulties, the government will subsidize their participation in UEBMI if they are eligible according to the Employment Protection Law...Those migrant rural workers with difficulty in participating [in] UEBMI, can opt for URBMI, or NRCMS in their registered permanent residence” (NHFPC 2013).

However, even the World Health Organization (WHO) has noted that migrants form a special risk group that have fallen between the cracks (WHO 2010). While every other population group – urban residents and employees with a city hukou as well as rural residents with a rural hukou – the migrant worker does not have an insurance scheme designed solely for their unique situation (NHFPC 2013). While the reform has been

impressively efficient and effective, it is not without criticisms. However, most of these focus on the fiscal sustainability and affordability of the system and do not point out coverage gaps. Because population coverage is already nearly universal, it does not appear to be a highly urgent issue. However, international entities such as the World Health Organization and Human Rights Watch have cited the lack of health security for this transient population as recently as 2010 (WHO 2010; Human Rights Watch 2008). Moreover, the perception of lack of health care coverage for the migrant population even in 2013 (Wang 2013; Li and Blanchard 2013), although it may be stated in official documents, is a telling sign that the initiatives to insure migrant workers remain unknown or are ineffective in addressing their needs.

About Beijing

The capital city has been increasing its efforts to develop its infrastructure to stay competitive. Initiatives such as Beijing Etown are in pursuit of creating “the world’s high-end New Industrial District,” (China Knowledge Online 2014) and includes the Beijing Economic-Technological Development Area (BDA) (Beijing Yizhuang Economic Development Zone 2014) and six industrial parks: China New Media Industrial Park, Biopharmaceutical Industrial Park, New Energy and Automobiles Industrial Park, Manufacturing-Oriented Services Industrial Park, Military and Civilian Industrial Park, and new Airport Industrial Park . As a result, there is much construction work opportunity for migrant workers. As the capital city and a major migrant destination, it would be fitting for Beijing to implement better health

care coverage for migrant workers. Additionally, Ren and Meng (2011) use the term “artistic urbanization,” to describe the systematic way in which “rural villages inhabited by artists quickly urbanize in the midst of art-led development,” which is indicative of how the “cultural economy plays a significant role...to stimulate domestic consumption demand, increase employment opportunities and restructure the national economy” (Ren and Sun 2012). To support these projects, Beijing must also plan to infuse more infrastructure spending into its budget. In July 2013, the Beijing Municipal Development and Reform Commission announced that it will invest 338 billion yuan into building 126 infrastructure projects, including subways, roads, communication hubs, and water and waste treatment centers (Xinhua News 2013). With investments in technological and creative developments as well as the infrastructure to support them, there will be many construction jobs that need to be filled by migrant workers.

About Construction Workers

Construction workers work in long hours under dangerous conditions with very few construction regulations to protect them. A report by the Beijing Normal University’s China Labor Studies Center found that “construction crews are still exposed to many dangers at work sites because the measures taken to protect them are insufficient, their work is not properly supervised and they don’t receive efficient training” (Xin 2012). Zhao Wei, the author of the report, expressed to China Daily that they “found that only 33 percent of the workers have signed labor contracts with

employers and, among them, about 78 percent do not have a copy of that contract in their hands...most workers do not even know who their employer is and whether a contract is effective or not” (Xin 2012).

Labor

One of the driving factors in the ever-present labor supply, although the 2008 financial crisis did affect it somewhat, is the income gap between urban and rural areas. Rural areas generally have less money than the urban areas and so the impetus for rural residents to seek jobs in the city persists despite the risks and insecure nature of the work.

While higher, managerial positions are typically official hires, temporary non-skilled manual laborers like construction workers are typically hired without contract, presumably because it is simply faster and more efficient to do so (Chen 2014). However, this has implications on the worker’s right to demand payment, reasonable working hours, and the provision of certain social services such as health insurance coverage.

Categorizing Risk for the Migrant Construction Worker

If a migrant construction worker becomes seriously ill or injured, they cannot work. While the pay from this tiring and dangerous work is low, the money earned is nonetheless important for the families these migrants support, as they likely come from poor rural areas, their economic hardships are only exacerbated by the income

disparity catalyzed by China's transition to a market economy. Migrants are therefore in a very risky and precarious situation in terms of health and by turn, in terms of job and income security as well. However, "risk is fundamental to the lives of individuals, families, and firms," (Srinivas 2009; Espring-Anderson 1990) not only in association with migrant construction workers, but also fundamental aspect of any person's life. Where people differ is in terms of the kind of protection they have against these life-inherent risks.

Once the Central Government saw the adverse effects of the market economy on the affordability and accessibility of health care, they implemented new and improved existing health care insurance schemes. However, these were only for specific subsets of the population, and did not - and still do not - explicitly have a clear coverage plan for the floating population that remain in limbo. Due to labor rights issues and subsequent employment instability, the migrant construction worker is faced with a myriad of risks such as the risk of obtaining a serious occupational injury, the risk of serious illness, the risk of fatigue which may induce injury or illness, the risk of being cheated out of payment, and the risk of losing their job, more so than those who choose to enter manufacturing or service jobs. Even with this generalized and incomplete list of risks to which migrant construction workers are subjected, it becomes clear that this particular population faces risks from every risk typology category laid out in Table 1 (Lund and Srinivas 2000), whereas, the urban employee for example, would be protected against the serious ramifications from the manifestation of these risks.

Table 1. Typology of risks by nature of risks¹

Typology of risks	Example
Low Frequency: occurs infrequently in worker's lifetime	-serious illness, emergency hospitalization, being widowed
High frequency: occurs frequently in worker's lifetime	-chronic illness, occupational health hazards or minor illness
Idiosyncratic: occurs randomly and affects the individual worker/family members	-non-communicable illnesses affecting workers/family members -occupational health risks -loss of assets due to use of particular type of damaged seeds -flooding in the zone where worker lives/works -destruction and looting of assets by vandals (or by regulating authorities) and confiscation by regulating authorities, with large fines paid to reclaim assets. These may include destruction of vegetable/fruit stocks, confiscation of carts and stalls, removal of license to vend in certain areas
Covariate: occurs randomly but affects many individual workers/households/entire community simultaneously	-flooding, inflation, drought -area riots affect all workers/household/enterprises in the area. Large covariate shocks may be very difficult to deal with rapidly, are often difficult to anticipate and even in cases where this may be possible, may be devastating to the populations concerned. Unregistered workers or microenterprises may have no form of recompense available. Women workers are at particular risk since they are largely "invisible" in some sectors and loss to work assets for home-workers or home-based workers may be ignored.
Repeated shocks: occurs as a series of repeated risk events affecting individual workers or the community – i.e. covariate and repeated.	-persistent drought -repeated flooding

Table 2 (Lund and Srinivas 2005) offers an alternate form of risk categorization based on the "nature of the informal economy and the precarious forms of livelihood that are often in question" (Lund and Srinivas 2005). Again, going through these

¹ Lund, Frances and Srinivas, Smita. "Learning from Experience: A Gendered Approach to Social Protection for Workers in the Informal Economy". *International Labour Organization*. 2000. Geneva, Switzerland. ILO/STEP and

categories, one can readily apply the risks faced by migrant construction workers to each of these typologies.

Table 2. Typology of risks by nature of informal economy²

Typology of risk	Description
Sectoral risks	-certain sectors may be more vulnerable due to domestic or global shocks, e.g. construction work, the garment industry.
Risks of scale	-workers may not be able to fully utilize economies of scale – access to appropriate capital may be made more difficult by constraints imposed by larger enterprises. A “race to the bottom” to provide the cheapest service/product in a highly competitive outsourcing chain may further increase risks to workers.
Risks of production technologies	-workers may have lesser access and fewer opportunities to use more productive production technologies. There may be capital constraints on moving into new production forms and microentrepreneurs may be particularly risk-adverse
Risks arising from position in production and supply chains	-The lack of bargaining power of many informal sector workers in production and supply relationships with larger enterprises or individuals often gives rise to a dependent/exploited status which brings its own risks.
Risks due to invisibility in the economy	-Besides difficulties in enumeration and registration, workers may not be recognized as full contributors in an economy and their employment-generating abilities may be questioned. Statistics do not presently capture the dynamism of this group and its complex links across both the formal and informal economy.
Regulatory Risks	-Risks from low levels of regulation (or over-

² Lund, Frances and Srinivas, Smita. “Learning from Experience: A Gendered Approach to Social Protection for Workers in the Informal Economy”. *International Labour Organization*. 2000. Geneva, Switzerland. ILO/STEP and WIEGO, and Turin (2005).

	regulation) that cause difficulties in finding work or retaining work security
Geographic risks	-Certain regions and countries may be more susceptible to adverse economic or political shocks. Some may have fewer informal risk-management mechanisms available.
Political/socio-economic risks*	-Often newly migrated urban slum dwellers may have minimal community ties and risk-coping strategies available in the area. -Migratory communities of casual wage labour, especially in agricultural areas, have no form of social protection whatsoever and seek work wherever it is available at whatever price.

*There is no simple classification of migratory movements, which may arise from a multitude of causes.

Using these categories developed by Lund and Srinivas (2000) presented in Tables 1 and 2, we can better understand the types of risks that migrant construction workers face. If assessed based on the nature of risks, the migrant construction worker constantly lives with both low and high frequency risks. As for idiosyncratic, covariate, or repeated shocks, migrant construction workers are more likely to experience the manifestations of these risks and have a harder time recovering from these events due to lack of the necessary social and financial resources.

3 | METHODOLOGY



Photo 1. Workers eating lunch at the first survey site.

To investigate the efficacy of the 2009 Health Care Reform, I 1) conducted a literature review that included policy documents, mainly the 2009 Reform, secondary academic articles, and media news articles, 2) interviews with 17

migrant construction workers and 5

scholars and 3) an analysis of data collected from the China Health and Nutrition Survey (see Appendix for description of survey).

Interviews with migrant construction workers were conducted in mid-December. With an interpreter, a total of 17 workers among six groups at three sites in Beijing were included in these interviews. Interviews lasted approximately six minutes and were conducted entirely by the interpreter. With the permission of the workers, all interviews were recorded. The interviews were then transcribed and translated into English.



Photo 2. Worker eating lunch at second survey site.

An interview with Wenmeng Feng, a Director of Research at the China Development Research Foundation a researcher of rural-urban migration and health care, was also set up during the field visit to China. The interview with Dr. Feng was recorded and conducted in English.



Photo 3. Workers eating lunch in their dormitory near their work site.

Additionally, several scholars at Columbia University were consulted: Junjie Chen, Yao Lu, and Smita Srinivas.

Finally, the China Health and Nutrition Survey provided data on a sample population's health care insurance status and usage, health care behaviors, as well as other variables such as

education and occupation. In particular, data on types of health care insurance as well as what people do when they are sick, were pulled out for analysis using descriptive statistics.

4 | RESEARCH FINDINGS + DISCUSSION

The real 'crisis' of contemporary welfare regimes lies in the disjuncture [sic] between the existing institutional configuration and exogenous change. Contemporary welfare states...have their origins in, and mirror, a society that no longer obtains" (Espring-Anderson 1990).

The literature depicts a dire situation for the migrant construction workers in Beijing, painting a picture of extreme working hours, with little to no pay, poor housing accommodations, and minimal to no health insurance. One of the main problems facing Chinese health care is the skyrocketing costs, an unfortunate consequence of opening up the markets without providing the appropriate financial support to clinics and hospitals. These facilities, which were once government subsidized, now had to operate as a business. As businesses, then, these facilities had to find new ways to generate the income that the government once provided. Thus, the cost of health care ultimately fell on the patients.

Health care policy followed economic policy. China made three major policy changes in health care. First, the government had to severely limit the public funds available for health care because of the drain on its budget resulted from the large losses incurred by state enterprises (Yu 1992). Whatever the government could not finance, it left to the private market with a laissez-faire policy. For example, when collective farming was replaced in the early 1980s by individual household responsibility, collectively-financed and organized village health stations collapsed. The government took no remedial action. By default, the government allowed an unrestrained market to take its course. As a result, rural health services are now

largely provided by fee-for-service private practitioners and patients' ability-to-pay determines supply and demand (Hsao 1995).

Over the years, the government has implemented a series of health insurance schemes, to alleviate the burden of medical costs of specific populations. Currently, there are health insurance plans for urban employees, urban residents, and rural residents. However, the issue is complicated when one tries to categorize the migrant worker in one of these categories; if they are eligible for any health insurance plan, it would be the one for rural residents, but since they are working in the city, this setup is anywhere from inconvenient to useless for the migrant worker.

To the Chinese government's credit, there have been many improvements since the inception of the market-driven health care system in the early 1980s. Costs have been somewhat contained and insurance coverage has expanded widely and rapidly. The 2009 Health Care Reform has also given a nod of acknowledgement to the migrant predicament. Results from the 2011 China Health and Nutrition Survey (see Appendix C) show that approximately 72% of migrant workers are insured and of the 72%, roughly 73% are insured under the New Cooperative Rural Medical Insurance Scheme (NCRMIS).

However, even though the "Chinese economy has developed rapidly overall,...the improvement is not uniformly distributed over different sub-populations or regions. This is especially clear when comparing urban with rural areas" . Furthermore, this inequity is not simply a matter a health care reform, but is the manifestation of other external political factors that take root beyond the health care

scene, thus reducing the efficacy of health care reform efforts. For instance, while many have jumped to blame the hukou system for causing these problems for the migrant, to focus on hukou reform is to miss the point. According to Dr. Feng, it is the method of social service distribution behind the hukou system that must be reformed, not the reform or abolishment of the hukou system itself . Additionally, the current labor laws and political structures behind the labor industry are not strict enough to enforce any policy or initiative that sought to provide increased insurance coverage to the migrant population. Finally, to have health insurance coverage is only the first step. Having an insurance package that is both comprehensive and appropriate to any population under any type of insurance claimed to cover, on the other hand, is also critical for ensuring health care access for any population the insurance claims to cover. For the migrant construction worker, however, it is even more critical that they be covered by an insurance scheme that offers appropriate services, as they are faced with additional challenges in terms of lack of access to social services due to non-residency, living with low-income in cities where the cost of living is beyond their price point, and lax labor laws which effectively allows the exposure of workers to unhealthful environments and undermine their ability to seek remediation for the symptoms of unhealthful exposures.

However, the caveat to all this research is that the situation in China is rapidly changing. Thus, articles published in 2014 represent research that had been conducted perhaps in 2010 or 2011. In this context of the aggressively changing China, two or three years can make data obsolete.

While I was wary of this, the findings from the interviews with the migrant workers in Beijing were still surprising. No one we interviewed seemed to mind their current situation. They admitted that the work was hard but it would be worth it when they were paid at the end of the job. As for injury or sickness, no one seemed to know or even care whether or not they had health insurance or injury insurance. The worst and most common health problems they experienced were catching colds and fatigue. For these, they went to the local pharmacy for some medicine or made a home remedy. Nobody thought the hospital was worth the money. However if a hospital visit was absolutely necessary, they would be willing to pay. On the whole, there was little faith in the efficacy of going to the hospital. The benefits of going to a hospital did not outweigh the high costs of care. One worker complained, “I went to the hospital once for a cold and they made me pay so much for an IV drip!” The literature had suggested that an alternative to hospitals was a black clinic or illegal clinic. Everyone we interviewed adamantly stated they had never and would never go to a black clinic. However, one worker said off-handedly, “Well, even if we did go to an illegal clinic we wouldn’t know because we can’t read the signs.”

This last statement about illiteracy points to a larger public health issue. Health education as well as outreach initiatives to the migrant community should consider methods that would also capture an illiterate population.

Ultimately, China cannot go back to the original health care system; it seems the market economy is too popular and enticing to let go now. However, this only means that more innovative methods of providing holistic and continuous care. In the

words of Unger and Criel, “care leading to a useful end is called continuous. It should not be limited to the issuing of a prescription. For instance, if a patient has no money, then he will not purchase the drugs” (Unger and Criel 1995).

Yet despite that there is a bounty of studies showing that “the uninsured have worse health outcomes than do the insured,” attempting to establish a causal relationship becomes problematic because it is “difficult to determine whether a correlation between health insurance and health status reflects the effect of health insurance on health, the effect of health on health insurance, or the effect of some other attribute, such as socioeconomic status, on both health insurance and health status” (Levy and Meltzer 2001). According to Lund and Srinivas (2009), it is important to note that “we have no a priori reason to believe that industrial upgrading will lead to greater employment numbers or employment quality as markets expand” (Srinivas 2009). In terms of health care insurance coverage, this can be extrapolated to mean that we cannot assume there exists a fundamental or inherent link between the acquisition of insurance coverage and the improvement of health.

And perhaps the problem is a capitalist one, where in a market-driven economy hospitals and health care facilities are forced into “relying on [the] free market to finance health care [which] inevitably resulted in unequal access to health services between the rich and poor, between the insured and uninsured” (Hsiao 1995). Thus, when discussing the merits of the market-based health care system, “the question is whether expanded market access...affords workers, firms, and States any heightened ability to craft social policies” (Srinivas 2009). Lund and Srinivas (2009) assert that

“the de-linking of wages from productivity, and the linking of wages to power and social norms of various types, re-focuses our attention on the emergence of social protection, risk-mitigation and risk-pooling in diverse organisational settings” (Srinivas 2009). Likewise, this research re-considers the automatic linkage between increased health insurance coverage and improved health outcomes.

The fact that it is so difficult for migrant construction workers to navigate China’s current health care infrastructure is a result of a series of political processes since the 1980s that have grown around an antiquated system of health care delivery. Because they have no official place in the system, where the migrants land within these processes greatly determines the level of risk to which they are subjected. Therefore, it is necessary to understand how the migrants came to be where they are currently situated, and where they ought to stand in order to leverage a better outcome for themselves in terms of risk aversion. In other words, what would it take for a migrant construction worker to have health insurance, and would the acquisition of health insurance effectively lower their risk and heighten their job security?

However, one must take a step back and consider whom health care reform realistically affects. The organizational labor structure of relationships between various parties effectively draws a boundary between those who are officially hired and those who are unofficially hired within the construction industry. That barrier is what makes my study population an ineffective measure of the effects of the 2009 Health Care Reform. However, I additionally argue that this is an even greater and more pressing reason to elucidate and reiterate the reasons why my study population – migrant construction workers – cannot be used to measure health care

reform. This means that they are not reaping the benefits of innovative policy changes. This also means that they become evermore invisible because there is no measure for them. While this discrepancy between my research question and fundamental obscurity of migrant construction workers potentially renders my conclusions obsolete, the greater message to learn from this process is that the migrant construction workers are even more disenfranchised than previously thought.

Thus, health care reform is actually one of many layers of labor reform – at least in the case of migrant construction workers. This is also why health care reform has made so little impact on such a high risk group. Many changes need to happen before health care reform can be considered for this population. Mainly, the negative effects of unofficial, temporary employment in a dangerous line of work should be eliminated. Legitimizing the temporary laborer's employment could help them begin to access the many already existing legal measures in place. Once the temporary migrant laborer has gained visibility, policy can no longer dodge the issue with superficial language.

7 | CONCLUSIONS AND SUGGESTIONS FOR FUTURE RESEARCH

The 2009 Health Care Reform did not have much impact on migrant workers. It can only superficially patch the gaps in coverage. To fundamentally change the way migrant workers access health care, which is especially pertinent as China moves toward a highly urbanized society, labor laws need to be addressed, and even more fundamentally, the way they are leaving behind the welfare state should be re-assessed. The over-regulation in some policies paired with the under-regulation in others is causing imbalanced growth in terms of the state's ability to care for the current and future well-being of all Chinese citizens regardless of hukou, occupation, or income; these two extremes should be more consolidated. Locally, this is happening. These are also happening further away from the capital.

How China handles health insurance will reflect how China will accommodate the influx of migrants into urban areas. The lesson from slum proliferation in other developing countries is that a growing city needs an expanded physical infrastructure to support the additional water, sewer lines, and housing necessary for new urban residents. However, it is also critical to plan the expansion of the social services infrastructure; we learned this when China implemented its Open Door Policy in the 1980s. However, unlike physical infrastructure, the provision of social services is not tangible and therefore it is easy to ignore and its shortcomings are easily hidden within political and economic systems. Thus, to fundamentally reform health care, and to ensure that the migrant population in Beijing and in other major cities in China

are able to access health care within the city they work regardless of hukou registration or income level, the government should plan to do more than simply aim for universal insurance coverage.

APPENDICES

- A. *Questionnaire (English and Chinese)*
- B. *IRB Consent Form (English and Chinese)*
- C. *China Health and Nutrition Survey*
- D. *Translated Migrant Interview Transcripts*
- E. *Field Notes*

APPENDIX A | QUESTIONNAIRE (ENGLISH AND CHINESE)

Interview questions:

Interview group # (assigned by researcher):

Number of participants in group:

Interview location:

Approximate duration:

Recording (Y/N):

Individual pictures (Y/N):

Group picture (Y/N):

- 1. Age(s):**
- 2. Where are you from (city/village and province)?**
- 3. How long have you been in Beijing?**
4. Did you bring your family with you?
- 5. How long have you been in construction?**
6. For how long do you plan on working in construction?
7. How long have you worked with this employer (top boss)?
8. How much are you paid?
- 9. Does your employer provide health insurance coverage?**
- 10. If yes, what does this insurance cover? (If yes, continue. If no, skip to Question 11)**
 - i. Are you satisfied with the insurance?
 - ii. Have you ever had to use this insurance?
 - iii. If yes, can you tell us what happened?
- 11. Do you have other forms of insurance coverage (for example, from your hometown)?**
- 12. What do you do when you're sick or hurt?**
- 13. What are your most common health problems?**
14. For what will you go to the hospital or seek healthcare?
15. How much are you willing to pay out-of-pocket for healthcare?
- 16. Would you or do you use unauthorized health clinics ("black clinics" or 黑诊所)? Why or why not?**
17. How has your health been since you moved to Beijing (better/worse/same as before)?
If better or worse: what do you think caused this change?
18. Do you feel you:
 - i. need better health insurance coverage?
 - ii. deserve better health insurance coverage?
19. What are some other challenges you are facing (for example, with money, housing, family...)?

哥伦比亚大学调研问卷

受访组#（由调研者签署）：

受访组人数：

访问地：

预估时长：

录音（是/否）：

单人照（是/否）：

合照（是/否）：

1. 年龄：
2. 您来自哪里（城市或农村以及省份）？
3. 您在北京多长时间了？
4. 您是否带着家人来到北京？
5. 您在建筑行业多长时间了？
6. 您打算在建筑行业工作多久？
7. 您和现在的老板（顶头上司）工作多长时间了？
8. 您能得到多少工资？
9. 您的老板是否为您提供医疗保险？
10. 如果是，这些保险包含哪些内容？（回答是，继续。回答否，跳到 11 问）
 - i. 您对这份保险满意吗？
 - ii. 您有必须用到这份保险的时候吗？
 - iii. 如果是，您能告诉我们当时的情况吗？
11. 您是否有其他形式的保险（例如，户籍所在地保险）？
12. 您患病或受伤的时候会怎么办？
13. 您最常遇见的健康问题是什么？
14. 通常在什么情况下您会去医院看病？
15. 您通常愿意为看病支付多少钱？
16. 您怎么看非法授权的医疗诊所（黑诊所）？您会去那儿就诊么？
17. 您来北京之后健康状况怎么样（更好/更差/和之前不同）？
18. 您觉得获得目前的健康状况是否值得？
19. 您是否觉得您需要或理应获得更好的医疗保险？
20. 您觉得政府是否应该加大帮助力度？ 如果是，您觉得政府应该怎样做？
21. 您目前还面临着哪些难题？

APPENDIX B | IRB CONSENT FORM (ENGLISH AND CHINESE)

Columbia University Morningside Consent Form

Attached to Protocol: **IRB-AAAM8810**

Principal Investigator: **David King (dk2475)**

IRB Protocol Title: **Migrant Construction Workers in Beijing, China and How the 2009 Health Care Reform Has Affected Their Access to Health Care**

Consent Number: **CF-AAAO3371**

Participation Duration: 30 minutes

Anticipated Number of Subjects: 20

Contact

<u>Contact</u>	<u>Title</u>	<u>Contact Type</u>	<u>Numbers</u>
Amy Yang		Study Coordinator	Cell: 614-314-1063

Research Purpose

The purpose of this study is to examine the experience of rural-to-urban migrant construction workers in Beijing, China before and after the 2009 health care reform and how it has affected their ability to seek care.

Information on Research

INTRODUCTION

The purpose of this form is to give you information to help you decide if you want to take part in a research study. This consent form includes information about:

- why the study is being done;
- the things that you will be asked to do if you are in the study;
- any known risks involved;
- any potential benefit; and
- options, other than taking part in this study, that you have.

The student investigator/study coordinator will discuss the study with you. If at any time you have questions about the study, please ask a member of the study team. Take all the time you need to decide whether you want to take part in this research study. The purpose of this research is described below in the 'What is Involved in This Study?' section of this consent form. This consent form is written to address a research subject.

WHAT IS INVOLVED IN THIS STUDY?

Purpose

We are doing this research study to find out how the 2009 health care reform has helped rural-to-urban migrant construction workers in Beijing, China improve their access to health care. You are being asked to take part in this study because you are a migrant construction worker in Beijing,

China. About 20 people are expected to be enrolled in this study between various construction sites around the city.

Procedures

The student investigator/study coordinator will ask you a set of questions in the form of a questionnaire. After, the student investigator/study coordinator will ask if you are comfortable with a longer informal interview. Including the informal interview, taking part in this study will last about thirty (30) minutes and will include only one visit.

Audio/Video Recording and Photography

We are asking for you to allow us to audio record and photograph you as part of the research study. The recording and photo will be used for analysis and may be included in student reports, presentations, and eventually publication. The recording will include an assigned study participant number. The photograph will include the participant's face and be attached to their study participant number. The recording and photo will be stored on the student investigator/study coordinator's personal password protected iPhone onsite. Both recording and photograph will be transferred to the student investigator/study coordinator's computer and deleted from the iPhone. All recordings and photographs will be password protected on the computer. All files will be destroyed upon publication. You may choose not to be recorded and/or photographed. This will not affect your eligibility to participate in this study.

Risks

What are the risks of the study?

General risks

There may be risks or discomforts if you take part in this study. These include: 1. Mild psychological distress experienced, such as anxiety and/or discomfort when discussing experiences when seeking health; and 2. Mild fatigue from participating in the questionnaire and informal interview after working.

Inconvenience

Although it is not a risk, taking part in this study involves the inconvenience of giving thirty (30) minutes of your time in order to complete a questionnaire and informal interview.

Risk of Breach of Confidentiality

A risk of taking part in this study is the possibility of a loss of confidentiality. Loss of confidentiality includes having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information. The study team plans to protect your confidentiality. Their plans for keeping your information private are described in the 'confidentiality' section of this consent form.

Benefits

Indirect Benefit

You will not receive personal (direct) benefit from taking part in this research study. However, the information collected from this research may help others in the future.

Alternative Procedures

Alternatives for non-treatment studies

You may choose not to take part in this research study.

Confidentiality

Confidentiality Protection

Any information collected during this study that can identify you by name will be kept confidential. Your responses will be assigned a code number, and separated from your name or any other information that could identify you such as your photograph. Your name will not be documented. The questionnaires will be delivered verbally and the answers will be recorded manually on copies of the questionnaire by myself. When not in use, these questionnaires will be in a locked suitcase in my room. I will input the questionnaire answers into a password protected Excel spreadsheet; the physical questionnaires will be destroyed at the end of the study. All responses and photos will be linked to your assigned code number but will be stored in separate files with separate passwords. Recordings and photos will be taken with an iPhone which will be password protected. Recordings and photos on the iPhone will be transferred to a laptop computer and then deleted from the iPhone. Names, if given on audio recording, will not be transcribed. All data will be backed onto an external hard drive, where all materials will also be password protected in separate files. The external hard drive will be stored in a locked suitcase when not in use. If it is necessary to email any of the recordings or photos, only the Columbia email system will be used and all data, code books, and passwords will be sent in separate emails. The following individuals and/or agencies will be able to look at and copy your research records:

- The principal investigator,
- The co-investigator, and
- The student investigator/study coordinator.

We will do everything we can to keep your data secure, however, complete confidentiality cannot be promised. Despite all of our efforts, unanticipated problems, such as a stolen computer may occur, although it is highly unlikely.

Certificate of Confidentiality

To help us protect your privacy, we received a Certificate of Confidentiality from the National Institutes of Health (NIH). With this Certificate, we cannot be forced to provide information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. We will use the Certificate to resist any demands for information that would identify you, except as explained below. The Certificate of Confidentiality does not stop you or a member of your family from telling others about yourself or your involvement in this research. If an insurer, employer, or other person gets your written consent to receive research information, then we

cannot use the Certificate to withhold that information. The Certificate cannot be used to resist a demand for information from representatives of the United States Government that is used for auditing or evaluation of projects they are responsible for overseeing or for information that must be provided in order to meet the requirements of the federal Food and Drug Administration (FDA). You should also know that this Certificate does not protect you from our responsibility to report certain communicable diseases, suspected child abuse, or danger of physical or mental harm, to appropriate agencies or authorities.

Research Related Injuries _____

N/A

Compensation _____

No Payment

You will not receive any payment or other compensation for taking part in this study.

Additional Costs _____

No costs

There are no costs to you for taking part in this study.

Voluntary Participation _____

Voluntary participation

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Additional Information _____

Statement of Consent – Participant’s Statement

I have read the above purpose of the study, and understand my role in taking part in the research. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later, about the research, I can ask the investigator listed above. I understand that I may refuse to participate or withdraw from participation at any time without jeopardizing my employment, student status or other rights to which I am entitled. The investigator may withdraw me at his/her professional discretion. If I have questions about my rights as a research participant, I can call the Institutional Review Board office at (212) 851-7040. I certify that I am 18 years of age or older and freely give my consent to participate in this study. I will receive a copy of this document for my records.

哥伦比亚大学调研协议知情同意书

协议号：IRB-AAAM8810

主要研究者：戴维·金(dk2475)

协议标题：2009年新医疗改革方案对中国北京市农民工获得医疗保健的影响

知情同意书编号：CF-AAA03371

调研时长： 预计 30 分钟

调研对象： 20 人

调研信息

调研者	头衔	调研类型	联系电话：
Amy Yang		学生助理研究员	座机：614-314-1063

研究目的

调查 2009 年新医疗改革方案颁布前后对农村来京农民工获得医疗保健所带来的影响。

研究信息

简介

本知情同意书旨在向您提供调研信息，以助您决定是否参加本研究。本知情同意书包含以下信息：

- 开展调研的初衷；
- 您参加调研需回答的问题；
- 您参加调研所包含的风险；
- 您参加调研所获得的利益；
- 您也有权选择不参加本次调研。

学生研究者或助理研究员将和您一起完成本次调研。如果您对本调研有任何问题，请向研究成员咨询。您有充足的时间考虑是否参加本次调研研究。本次调研目的将在下文“本研究包含内容”中详细展开。本知情同意书目标读者为调研对象。

晨兴机构审查委员会：212-851-7040

知情同意书编号：CF-AAA03371

出版于：12/18/2013 00:21 页 1 - 4



本次调研包含哪些内容？

研究目的

我们开展本次调研研究的目的在于调查 2009 年新医疗改革方案如何帮助中国北京市农民工提高获得医疗保健的权利。您作为中国北京市农民工的一员，受邀参与本次调研研究。约有 20 名来自北京市多处建筑工地的农民工将参与到本次调研中。

调研流程

学生研究者或助理研究员将根据调研问卷向您提问。您将被询问是否愿意进行一段非正式访问。该访谈将持续约 30 分钟。

声音/影像录制以及照片拍摄

我们将会请求您允许调研者采纳您的声音和照片信息，作为研究的一部分。录制信息和拍摄照片将被用于分析研究，可能出现在学生的报告、演讲和最终发表物当中。录制信息将包含一份指定的调研参与者编号。拍摄照片将包含调研参与者面部信息，附在调研参与者编号下。录制信息和照片将被加密存储在学生研究者或助理研究员的 iPhone 中。所有录制信息和照片都将被转移至学生研究者或助理研究员的电脑中，并在 iPhone 当中删除。所有录制信息和照片都将在电脑中被加密保护。所有包含以上信息的文件一旦发表，都将被删除。您可以拒绝录音和拍照的请求。这不会影响您参与本研究的资格。

风险

本次调研存在哪些风险？

一般风险

若您参与本次研究，将包含一些风险或不适感。包括有：1. 轻微的心理不适，例如讨论到寻求就医时所产生的焦虑和不适感；2. 工作之后参与本次访问所带来的轻微疲劳感。

不便

尽管这并非一种风险，但完成问卷调查和非正式访问将要求您贡献出 30 分钟宝贵时间，给您带来一些不便。

保密信息泄露风险

参与本次调研存在保密信息泄露的风险。保密信息泄露指您的私人信息被本研究无关人员获得。研究团队计划保护您的私人保密信息。您的私人保密信息保护计划将在下文“保密”部分详细展开。

晨兴机构审查委员会：212-851-7040

知情同意书编号：CF-AAA03371

出版于：12/18/2013 00:21 页 2 - 4



利益

间接利益

参与本次调研研究不会使您获得任何直接利益。但本次调研所获得的的信息可能在将来帮助到其他人。

可选流程

不参与调研可选性

您可以选择不参与本次调研。

保密

私密信息保护

本次调研中您的姓名将被保密。您的回答将被录入到一串编号下，与您的姓名、照片或其他信息分开储存。您的姓名不会被记录下来。问卷调查将以口头形式展开，您的回答将被录音备份。除非作为研究使用，否则这些调查录音将被封锁保存。问卷所得回答将被录入一份加密表格文件当中，研究结束将被销毁。所有回答及照片都将与您的编号相关联，但它们将被分别加密保存在不同文件夹中。录音信息和照片将由一部 iPhone 设备获取，并受到加密保护。所有录制信息和照片都将在转移至一台手提电脑后，在 iPhone 中当中删除。录音中若包含姓名等信息，将被隐去。所有信息将以加密份文件存储的方式备份在一台移动硬盘中。除非作为研究使用，否则该移动硬盘将被封锁保存。若需要在邮件中附上录制信息或照片，只有哥伦比亚大学邮件系统有权使用以上数据和加密文件，且对每封邮件进行加密。以下个人或机构能够观看并拷贝本研究数据：

- 主要研究者
- 合作研究者
- 学生研究者或助理研究员

我们将尽一切努力保护您的个人信息，但不能承诺做到绝对的保密。不论我们做出怎样的努力，也无法避免一些难以预料的情况，诸如电脑盗窃，尽管这个可能性并不大。

保密证书

为了帮助我们更好的保护您的隐私，我们获得了一份美国国家卫生院（NIH）颁发的保密证书。在该证书的保护下，即使收到联邦政府、州立法院的传票，或是在当地民事、刑事、行政、立法诉讼中，我们都有权不对外提供透露您个人隐私的信息。我们将行使该证书的权利抵抗任何泄露您信息的要求，除了以下几个方面。保密证书不能阻止您或您的家人向其他人

晨兴机构审查委员会：212-851-7040

知情同意书编号：CF-AAA03371

出版于：12/18/2013 00:21 页 3 - 4



转述您参与研究的事实。若保险公司人员、公司雇主或其他任何人获得您的书面同意取得调研信息，我们无法凭证书权利保留您的信息。若美国政府人员需要获取调研信息进行审查和评估工作，以满足联邦食品和药物管理局（FDA）的要求，该证书不能用以拒绝提供信息。您需知晓，若我们发现您有传染病、涉嫌虐待儿童或对他人存在身体或心理伤害危险，该证书不能对您产生有效保护。

调研所涉及伤害：无

报酬

无报酬

参与本次调研研究不会使您获得任何报酬。

额外费用

无额外费用

参与本次调研研究您无需支付任何额外费用。

自愿参与：

参与本次调研完全自愿。您有权拒绝参与调研，这不会给您带来任何损失。您有权随时退出调研，这不会给你带来任何损失。

额外信息

同意声明-参与者声明

我已阅读以上研究目的，明白我参与本次调研的任务。我自愿参与本次调研，并有权提出问题。如果我对本次调研存在任何疑问，可以咨询调研者。我了解我有权拒绝参与，或随时离开，这不会危害我的工作、地位或其他应有权利。调研者根据专业判断可以停止对我的调研。如果我对自身权利存有疑问，我可以拨打机构审查委员会办公室电话：(212) 851-7040。我保证我已年满 18 岁，有充分的自由同意参与本次调研，并将得到本份文档的备份。

晨兴机构审查委员会：212-851-7040

知情同意书编号：CF-AAA03371

出版于：12/18/2013 00:21 页 4 - 4

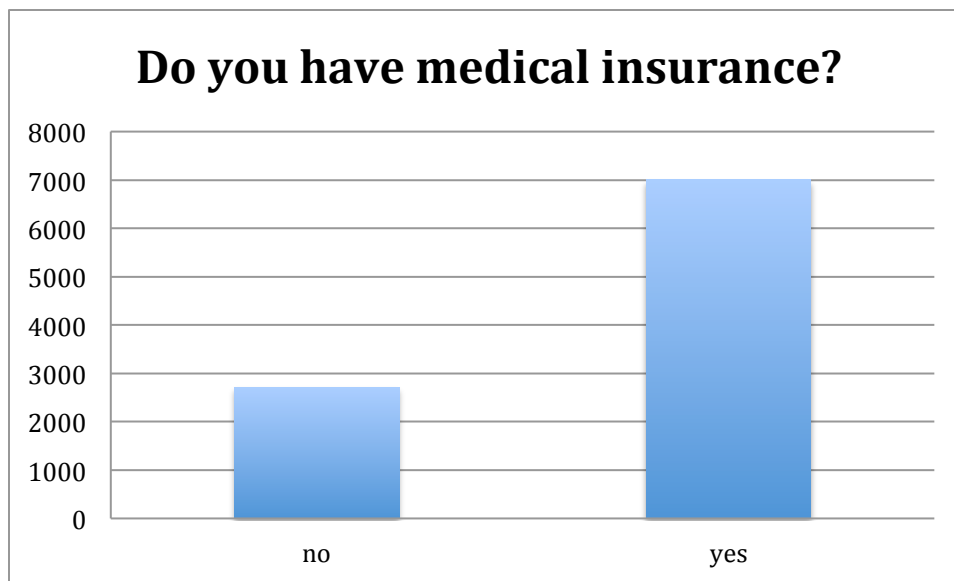


APPENDIX C | CHINA HEALTH AND NUTRITION SURVEY



The China Health and Nutrition Survey³⁴ is an ongoing project based on a partnership between the Carolina Population Center at the University of North Carolina-Chapel Hill and the National Institute of Nutrition and Food Safety at the Chinese Center for Disease Control and Prevention. Data collected reflects health, nutrition, job, education, and socioeconomic conditions of the citizens surveyed. It is carried out by a team of international researchers with wide-ranging in backgrounds such as nutrition, public health, economics, sociology, Chinese studies, and demography.

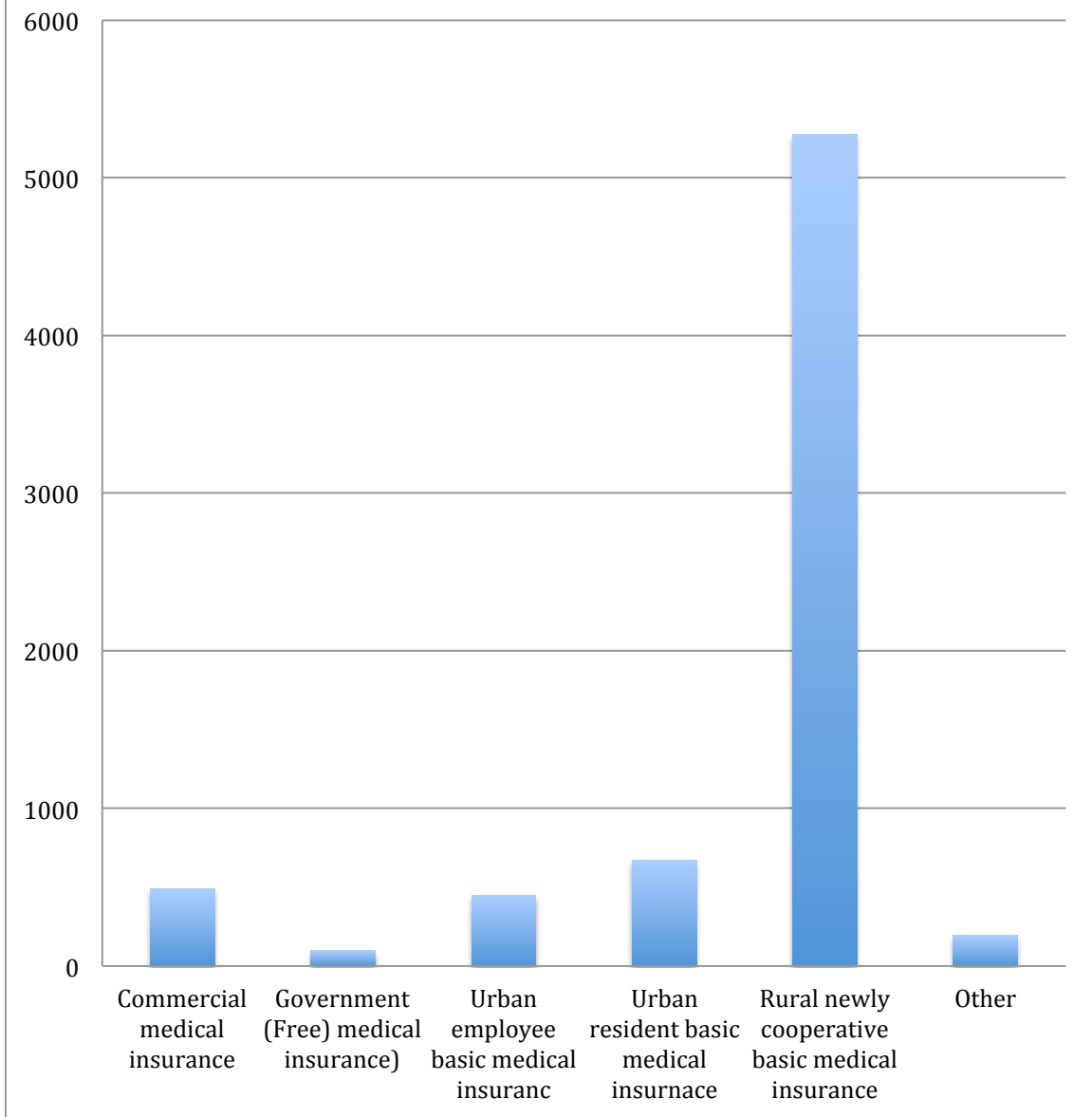
Data reflects collects dating back to 1989. The most recent wave in 2011 was conducted over a three-day period using a multistage, random cluster process which drew roughly 4,400 households with 26,000 individuals over nine provinces. The nine provinces are: Guangxi, Guizhou, Heilongjiang, Henan, Hubei, Hunan, Hunan, Jiansu, Liaoning, and Shangdong.



3

⁴ <http://www.cpc.unc.edu/projects/china>

Which type medical insurance do you have?



APPENDIX D | TRANSLATED MIGRANT INTERVIEW TRANSCRIPTS

INTERVIEW GROUP # (ASSIGNED BY RESEARCHER): 1

Number of participants in group: 5

Interview location: by Bird's Nest

Approximate duration: 8 minutes

Recording (Y/N): yes

Individual pictures (Y/N): yes

Group picture (Y/N): yes

I: Thank you so much, everyone! We are very grateful. Okay, we will start now. Do you mind telling us how old you are?

P: 28.

P: 24.

P: 26.

P: I'm 26!

I: And we have one more...?

P: I'm 46.

I: Okay, good. Would you mind telling us where you're from? A rural district? A city district?

P: Rural..

I: Which city?

P: Inner Mongolia (内蒙古自治区)...Chifeng City (赤峰市)

P: ...Baarin Left Banner (巴林左旗)...Lindong Town (林东镇)

I: And you?

P: We are all together.

I: You four came together?

P: Yes.

[the fifth one?]

I: How long have all of you been in Beijing?

P: Almost a year.

I: Is everyone the same?

P: [all] yeah

I: Then, did you bring your family members here to Beijing?

P: No.

P: No.

I: All of you came by yourselves?

P: Yes.

P: Yes.

I: How long have you been in this field of work?

P: Umm...3-4 years?

I: 3-4 years. And you?

P: Same.

I: The same? Are you all the same?

P: Yeah.

I: What about you?

P: Me, five years already.

I: Then, for how much longer do you plan on working in construction?

P: This...this is hard to say. 2-3 years I guess.

I: 2-3 years. Then everyone else?

P: Yeah.

P: Depends on the situation.

I: Depends on the situation...okay. Then, how long have you been with your construction manager?

P: About 2 years I guess.

I: Is everyone the same?

P: Yeah, all the same.

I: Okay. We also would like to ask, about how much are you paid for your work?

P: Well...we don't really calculate it like that...

I: I see...then...how much will you be paid after this project is done?

P: No...we're paid yearly.

I: How much are you paid each year?

P: Um...around 50,000 yuan.

I: Okay. Everyone is the same?

P: Yeah.

I: Has your boss bought health insurance for you?

P: Yeah, we're all on it.

I: Then, are you clear about what this health insurance includes?

P: This...this...I'm not too sure. This health insurance...and the other things...well anyway it doesn't really have a breakdown. Besides, we're all on it.

I: Okay, I see. Then, are you all satisfied with this health insurance?

P: Umm...very satisfied.

I: Have you ever had to use this health insurance before?

P: Yes.

I: Yes...then it was when you were sick or injured?

P: Yes, yes, exactly.

I: Great. In Chifeng, did any of you have any other kind of insurance?

P: In Chifeng?

I: Yes, did you have any other kind of health insurance in your hometown?

P: That...I'm not too clear.

I: Have you ever been on other insurance for yourself?

P: Myself? No, I've never on any insurance.

I: You've never been on insurance. All of you have never been on?

P: I've been on it.

I: Which one?

P: Pingan

[background: P: Jiaxiang you guo xian...]

I: Pingan insurance....that's life insurance, right?

P: Yeah that's right.

I: Then what about you?

P: Me too. (also pingan insurance)

I: Then what about these two fellows here?

P: No.

I: No? Okay. Next, we'd like to ask everyone, when you get sick or are injured, what do you do?

P: What do we do? Well, if we're sick then we prepare some medicine to take.

I: So you go buy your own medicine?

P: Yeah.

I: Then, what if it was a more serious work-related injury?

P: A more serious work-related injury? Well we haven't really had a situation like that here...

I: So safety is pretty...

P: Exactly, they are very strict about safety.

I: Okay. Next, we'd like to ask what is your most common health problem?

P: Health problem?

I: Like, is it a cold? Or breathing...? Problems like that.

P: This...I don't think...

[someone coughs in the background]

P: Hey! This one is sick!

[laughter]

P: I guess it's just catching a cold (感冒)

I: So it's just getting the chills (受冻)?

P: Yes, exactly.

I: No other problems?

P: Yes, right.

I: Okay. Under what circumstances will you go to the hospital?

P: The hospital?

I: You don't go...?

P: Well at least I haven't gone this year...

I: What about you?

P: I've never gone.

I: So you guys don't usually go to the hospital?

P: Yeah, well if there's nothing wrong with your body, then what are you doing at the hospital?

I: Then, just for instance, if you needed to see the doctor, then how much are you willing to pay?

P: ...willing to pay?

I: Yes, for instance, "If I have to pay over 200 yuan then...", or something like that. Or is it, "I should pay it if it needs to be done." For the sake of your health, how much are you willing to pay?

P: If I'm sick, then I'll pay whatever the cost. If I suck it up (*withstand*), what the use?

P: Depends on the problem...if I have a headache or have a cold I just take some medicine and it's fine.

I: I see. And over here?

P: Just take some medicine and it'll be fine.

I: Would you ever go to an illegal clinic or a "black clinic"?

P: No I don't go.

I: You don't go. And over here? You don't go either? When you go to a clinic you go to an authorized clinic?

P: Yes.

I: Great. So, after you arrived to Beijing, how has your health been? Better than before? Worse than before? Or about the same?

P: It seems about the same.

I: And over here?

P: [two-three] Yeah, about the same.

I: Do you think that compared with your situation before, is this change worth it?

P: Yeah, it's okay.

P: Yeah, more or less.

I: Do you feel you need better health insurance?

P: Well...of course if it's better...

I: Well, then does everyone feel that the government should work to make this better?

P: Definitely.

P: Definitely.

I: Then, do you have opinions about how the government should do this?

P: Well...these things...we don't quite understand.

I: Okay. One last question. What other kinds of difficulties are all of you facing in terms of health?

P: Being exhausted.

P: [three] Exhaustion...

P: Well we have the boss.

I: So everyone is exhausted?

P: yeah..

P: We have the boss so we're okay.

I: I see. So...everyone seems to be in pretty good shape! Everyone, thank you so much for your cooperation!

INTERVIEW GROUP # (ASSIGNED BY RESEARCHER): 2

Number of participants in group: 1

Interview location: by Yizhuang Culture Park

Approximate duration: 5 minutes

Recording (Y/N): yes

Individual pictures (Y/N): yes

Group picture (Y/N): n/a

1:05 start

I: Can you please tell us your age this year?

P: 32...

I: 32?

P: 24!

I: Hey! We need truthful answers!

P: 24 years, I worked until 48...

I: 48 years old. Which town are you from? Where is your home?

P: Original home? Shandong.

I: Shandong...is this a rural village?

P: If it was a city I wouldn't be here! I wouldn't have to work!

I: Which village in Shandong [are you from]?

P: Village?

I: Do you still remember?

P: What do you mean?

I: We would like to collect an exact location, to show which village you represent...

P: Oh, Hulan Village.

I: Which *hu*? The *hu* from *bao hu* [protect]?

P: Yes.

I: And then the *lan* with *mu zi pang* [wood word base]?/lan=fence

P: Yes.

I: Great. When you came to Beijing for work, did you bring your family?

P: No...I couldn't...the whole family...I came by myself.

I: You came by yourself. Then, can I ask for long have you been in this line of work?

P: This line of work? Eating?

[laughter]

I: No, no, I mean in construction?

P: In construction? Let me see....I guess about 20 years.

I: 20 years?

P: Yeah.

I: That's a long time.

P: Yeah. *Lao shi fu le*. [I'm an old master]//with a lot of experience, have done it for a long time,

I: Then, for how much longer do you plan on working?

P: Let me see...I guess I'll work until I'm 60.

I: Until you're 60...you have to tell the truth! [laughs]

P: Well, people like me...as long as I'm alive I can work! [*huo de liao, gan de liao*] (2:29)

I: Then, you're planning on working for another 5 years, 10 years?

P: 12 years.

I: Then you're really planning on working until you're 60.

P: Yes.

I: Okay. Then, your boss...how much does he pay you yearly?

P: 50-60 thousand yuan.

I: 50-60 thousand? Okay. Your boss...has he bought health insurance for you?

P: My boss...?

I: Yes, your boss.

P: I guess he should have bought it.

I: Are you clear about whether or not he has?

P: No, not clear.

I: Not clear. But he should have?

P: ...insurance...insurance...no...no! He hasn't bought it.

I: He hasn't bought it? Then, are you clear about what is included in health insurance?

P: No, not clear.

I: Then...do you have insurance in your hometown?

P: Yes!

I: Which one?

P: *Ren shou xian* [Life insurance].

I: Life insurance? Okay. Then, do you feel like in this line of work, that you need some sort of health insurance?

P: Health insurance?? Even if we wanted it, they wouldn't care.

I: They don't care?

P: No, that's not it. At my home, everyone is on insurance. But medical...once I left home I didn't have medical insurance.

I: Once you left you home you didn't have medical insurance. So, in Beijing you don't have it.

P: I've never had it. No time to take care of it. I'm always working.

I: Then, what do you do if you get sick or injured?

P: If you get sick you take care of it yourself, but if something happened on site, then the boss will take responsibility.

I: Your boss will take responsibility. He'll pay for the medical fees?

P: Yeah. If there were accidents involving death or serious injury, then I wouldn't work here.
[4:15-4:20]

I: Then, in the long experience you've had in this line of work, what are some of the more common health problems you've had? Like, a cold or...?

P: I've had a cold so many times...

I: So you get colds most often?

P: I've gotten a cold so many times but I've never seen a doctor for it. I don't take medicine either.

I: You don't take medicine either. I see...then, if you go see the doctor, do you go to authorized clinics-

P: Authorized ones!

I: -or illegal ones?

P: No, there's just out to trick people.

I: So you don't go?

P: Yeah.

I: Then, do you feel you need better health insurance here in Beijing?

P: Need? Yeah of course we need it.

I: Do you feel you have the right to have it?

P: Oh yeah, definitely! Of course.

I: You feel like you should have it, yes?

P: Yeah.

I: Okay, one last question. So in general, what is the biggest difficulty you face? Is it money? Housing problems? Family problems?

P: Money.

I: So, money is the biggest problem?

P: Yeah.

I: Okay, great. Okay we're done with the questions! [5:35]

Gong tou vs. lao ban

INTERVIEW GROUP # (ASSIGNED BY RESEARCHER): 3

Number of participants in group: 3

Interview location: by Yizhuang Culture Park

Approximate duration: 6 minutes

Recording (Y/N): yes

Individual pictures (Y/N): no

Group picture (Y/N): no

I: Okay, so how old is everyone this year?

P: 50.

I: And you?

P: 48.

I: And you?

P: 43.

I: 43? And you? May I ask how old you are this year?

P: 53.

I: And...where is everyone from?

P: [all] Gansu.

I: Gansu. Is there a more precise location? Gansu...some town or some village?

P: Jie Chai Xian...[in accent...]

I: Where?

P: Jing Chai Xian...[in accent....]

I: Jing Chuan?

P: Yes.

I: Jing Chuan Xian. Then, which village?

P: Um..BeiYeh Cun (Duei Yeh Cun??)

I: Bei/Duei Yue Cun. Everyone is from the same place?

P: [all] Yeah.

P: Yeah, all from the same village.

I: Then, we'd like to ask everyone, how long have you been in Beijing?

P: One year already.

I: One year.

P: Yeah.

I: And you?

P: Half a month.

I: Half a month. And you?

P: The same.

I: Half a month? This is only recording, don't worry. And you? How long have you been in Beijing?

P: 9 months.

I: 9 months. So you've been here a little longer?

P: Yeah.

I: Then did you come alone or did you bring family?

P: Came alone.

I: Came alone. Then what about the rest of you? Did you all come alone?

P: We all came together.

I: Oh, I see. You all came together, but didn't bring your wife or kids?

P: No.

I: I see. Then, we'd like to ask...working here, how much can you earn?

P: About 20 thousand...one year?

I: Yes, one year. 20 thousand?

P: Yeah.

I: And you?

P: [2-3] It's a little more than 20 thousand.

I: A little more than 20 thousand? Okay. We'd like to ask, has your boss bought health insurance for you?

P: [all] No

I: And you? No?

P: We're all together. We're all the same.

I: All the same, okay. Then I'd like to ask, when you get sick, what do you do?

P: Just go to the pharmacy to buy some medicine.

I: ...the pharmacy to buy some medicine...?

P: Just take some medicine and it gets better.

I: Just take some medicine.

P: Yeah.

I: Then usually-

P: I just spent 50 yuan on medicine for a cold the other day and it still isn't better. [1:55]

I: What?

P: This time I caught a cold and went to the pharmacy to buy some medicine and it still isn't better. You see??

I: Yeah, the air quality isn't too great. Then what do you plan on doing about it? Will you go to the hospital?

P: No, I'm not going to go to the hospital.

I: You won't go to the hospital. I see. Okay.

P: Last time I went to the hospital and spent over 400 yuan.

I: I see, so you won't go to the hospital?

P: The cost is too high...

I: Then in Gansu, have you bought other kinds of insurance?

P: There, we have *he zuo yi liao* insurance [NRCMIS].

I: *He zuo yi liao*...you can't use it in Beijing, right?

P: Right.

I: Only in Gansu?

P: Then, this *he zuo yi liao* insurance, do you know its contents?

[shake heads]

I: Don't understand it too well? Getting some sort of injury...you're not too clear about whether or not it's covered?

[shake heads]

I: Okay. Then we'd like to ask, do you need, in this construction work, Beijing health insurance?

P: We definitely need it.

I: Need it, you definitely need it. If you have the right to demand, would you demand your boss to buy [health insurance] for you?

P: This we're not too clear. I mean in the village we have insurance and we still have to pay for it. There is such a policy of providing medical insurance for workers, but this cannot actually reach us. [3:12-3:18] This is the weakest (que dian) point.

I: Yes, definitely. Then, hypothetically, how do you think the government should correct this?

P: This is up to the government because we workers, construction company, and government cooperate together as three parties. The situation right now, there is a gap (tuo jie), just like in the village, if the boss buys it, and we cannot enjoy/use it, it's all in vain (bai da). You will understand this problem once I mention it.

I: So you feel the government has to go to the base/fundamental part/workers/lowest level/ (ji ceng)...

P: The current policy was originally helpful but once it is implemented, it sours by the time it gets to the bottom. (bian wei) (3:55)

I: I see. One last question. In Beijing right now, what is the greatest difficulty you are facing?

P: We don't really have any difficulties. (4:10-4:15) we just know to work hard and think of nothing else. (wo men zhi zhi dao mai tou kou gan)..?. We just come to work and then go back home with money. This is our greatest wish. Zuai da de xin yuan ma.

I: [to another worker] How long have you worked in Beijing with this boss?

P: We've been with this boss for about 3-4 years.

I: You've been with this boss for 3-4 years. How much longer are you planning on working in construction?

P: It's hard to say for sure...

I: Like, maybe 2 years, 3 years, 5 years? Just an approximation.

P: How can you make plans for working?

I: So just, as long as you can do it, you will? [neng zuo jiu hai zuo]

P: Right right. Perhaps next year when I go home, something will arise and I won't be able to come back.

I: Okay. [to another worker] Then, can I ask how long you plan on working as a construction worker?

P: It's not for sure. [*bu yi ding*]

I: Not for sure.

P: If other people are tired, if you are tired...none of it is for sure.

I: You have to see how your body feels, something like that?

P: Yeah.

I: [to another worker] And you? The same?

P: The same.

I: Okay great. Now everyone has to go back to the construction site?

INTERVIEW GROUP # (ASSIGNED BY RESEARCHER): 4

Number of participants in group: 1

Interview location: by Yizhuang Culture Park

Approximate duration: 5 minutes

Recording (Y/N): yes

Individual pictures (Y/N): no

Group picture (Y/N): no

P: I'm 55.

I: And your hometown? [*lao jia*]

P: Henan.

I: Henan...from the capital city?

P: No, it's Puyang.

I: Henan, Puyang. Then, how long have you been in Beijing?

P: I work all day long.

I: Yes. For how many years?

P: Normally...7-8 years.

I: Did you come by yourself? Or did you bring your family?

P: We come out to work in one group.

I: Then, for how long have you been doing construction work?

P: Once I left, I started working as a construction worker.

I: Right. When did leave home to start work?

P: I started when I was about 40 years old. Now I'm over 50.

I: Do you know how much longer you will be in this line of work?

P: As long as I am able to, I will continue to work!

I: Continue to work...if the body is well then you will continue to work.

P: Exactly. If your body is well then you can keep working. But if your body is not well...

I: Since you're 55 this year, then maybe another 5 is pretty reasonable?

P: Yeah, that's about right. It won't be a problem to work until I'm 60.

I: You and your current boss...how long have you worked together?

P: One season...about 3 months.

I: Then, how much will you be able to make in a year?

P: One year is a little over 20,000. Yeah. 20 to 30 thousand yuan.

I: Then, has this boss bought health insurance for you?

P: No. He doesn't buy anything.

I: He doesn't buy anything...okay. Then, do you understand the topic of health insurance?

P: No, I don't.

I: Don't know. So you don't unders-

P: I just work. When I'm done I get the money and I go.

I: Then you don't know what kind of benefits you are entitled to?

P: Don't know.

I: Okay. Then, in Henan, did you buy insurance for yourself?

P: Also, no. How do I have the money for the insurance? I still have to pay for my children to go to school. I can't afford it. [1:55-57](#)

I: Then, you also haven't bought life insurance? You haven't bought any type of insurance at all?

P: Right, don't have any kind of insurance.

I: Then, we'd like to ask, if you get sick or hurt, what do you do?

P: I just go home.

I: You just go home?

P: If you don't go home then how do you handle it? Well if you have to see if it's just a cold...that's small. Take some medicine. If you don't get better then you go home.

I: Go home. If you have a serious illness you go home. If you're injured then you go home.

P: Well you have to see what kind of injury it is. If it's a work-related injury, then tell the boss and he'll definitely let you see the doctor.

I: Have you ever had an injury here?

P: No, no.

I: You've never had an injury. So, ever since you've been in Beijing...

P: Safety...safety...they're very strict about it.

I: Okay. Then, under what circumstances would you go to the hospital?

P: I mean normally...like now, I'm very healthy, I just take some medicine and it's taken care of.

I: I see, so usually you won't go to the hospital.

P: 2:55 We can't afford to go to the hospital. (yi yuan ni qu bu qi). Last time they went, for a cold, one stick cost 100 yuan...it was an IV drip [*diao ping*]... definitely can't go (San ke qu bu liao). One day costs 80-100 yuan...you can't possibly go.

I: Then, hypothetically, if you had to go to the hospital, how much are you willing to pay?

P: Willing to pay? Well then you have to see the situation of the illness. If it's serious and you can't bear it, then you pay, right?

I: Right, right. Then, would you go to those black clinics?

P: No, I wouldn't go.

I: You have to go to those authorized clinics, right?

P: Yes, yes, the authorized clinics. If you really have a problem, then you really should spend the money to go to an authorized clinic.

I: Exactly, right. Okay. Then, since you've been in Beijing, how has your health been?

P: Very good.

I: Compared with before?

P: About the same. Yeah, I feel very good. If it's not, then would I be able to work (labor work *ti li huo er*) everyday? Right? 3:44

I: Okay. Then, working in Beijing, do you feel like you need local health insurance?

P: Now? Not necessarily. This is seasonal work. When we're done we go home. When we have spare time, we come out here to do some work. If I were in health insurance here, I would have to pay for it. 4:03 I don't want to pay so I don't want this insurance.

I: So you feel you don't need it?

P: I don't need it.

I: Okay, then just one more question. In your opinion, what is the most difficult problem you are facing right now?

P: The biggest difficulty is earning more money and then going home. [laughs]

I: I see, so the biggest difficulty is still money.

P: Yeah, earning money and going home!

I: Thank you, thank you! 4:40

INTERVIEW GROUP # (ASSIGNED BY RESEARCHER): 5

Number of participants in group: 1

Interview location: by Yizhuang Culture Park

Approximate duration: 5 minutes

Recording (Y/N): yes

Individual pictures (Y/N): yes

Group picture (Y/N): n/a

I: So, how old are you this year?

P: 35.

I: 35. And you are from...?

P: Hebei

I: Hebei. Can you be more specific?

P: Baoding City

I: Which county (xian)?

P: Laishui Xian

I: Okay. Laishui Xian. So how long have you been in Beijing?

P: Well, this year, it hasn't been for too long. It's been about 2 and a half months. Before, I stayed in Beijing for about 8 years.

I: I see. When you came to Beijing did you bring your family?

P: No. I'm single.

I: Oh, single! Okay. Then, how long have you been working in construction?

P: Well in construction, I haven't worked for very long. In 06, I was a salesman in Beijing. Then I was in Jinan. Then I went to Guangdong for a few years. Then this year, I came back to Beijing.

I: Then, for how long have you been working on this construction site?

P: In Beijing, I guess just this year.

I: So it means just two months?

P: Yes.

I: Okay. Then, how long do you plan on working?

P: This year, working until the break should be enough.

I: How long do you plan on working after this period (zhe yi duan)? Do you have a plan?

P: Well next year, I'm going to Guangdong.

I: Then, I'd like to ask, how long have you been working with your boss?

P: This boss...well about two months.

I: How much can you earn?

P: Earnings? Well when it's all over I guess it'll be about 8,000 per month.

I: Okay. Then has your boss bought health insurance for you?

P: No.

I: No.

P: This is temporary (lin shi). It's not formal (bu zheng shi).

I: Do you have insurance in Baoding? Have you bought any? Which one?

P: I can't remember that.

I: Just the type...

P: The basic insurance (ji ben xian)...

I: I see.

P: Actually, it's a disease insurance (ji bing xian)...it covers the five major illnesses...but accidents and injury are not included.

I: Okay. Then, if you get sick or are injured on the job, what do you do?

P: If it's a work-related injury...I guess the company will take responsibility. But if it's off work and you get injured, I guess it's your own problem.

I: Right, so then what do you do when that happens? Do you buy medicine? Do you go to the hospital?

P: Go to the hospital.

I: Go to the hospital. Then, how has your health been since you came to Beijing? Have you gotten sick?

P: I had a cold two days ago. So I just bought some cold medicine, and that's enough.

I: So having a cold is the most common problem?

P: No serious illnesses.

I: I see. You'll only go to the hospital if it's a serious illness? Usually you won't go.

P: Yeah. If you go to the hospital whenever you have a headache or get sick, then it will cost a lot of money. Like...they'll test this, test that...this will cost a lot. If you take some cold medicine, it'll take care of it. That'll work.

I: Then if you go to the hospital, how much are you willing to spend?

P: Well, it depends on what kind of sickness you have. The more serious the illness, you will definitely pay more. Work injuries, minor injuries (wai shang)...these things don't cost much... just bandage or sew it up and it's fine.

I: Everything else, you just pay however much it costs. You won't not see the doctor because of the high cost, right? Health is still very important?

P: Definitely.

I: Then, we'd like to ask, do you think you need health insurance?

P: I have it at home! Why would I buy here?

I: At home...the basic insurance?

P: Yeah. If I have it at home then I don't need it here. If I get sick, I can take the receipt to get reimbursement. If I also buy it in the city, then it's meaningless.

I: We'd like to ask, what is the greatest difficulty you face in Beijing?

P: Difficulty...let me think...

I: Money-wise? Housing-wise? Family-wise?

P: ...getting Beijing *hukou* I guess. Originally, they were saying that they'd include our town in Beijing city, but it hasn't happened yet. I just want to become (cheng wei) a Beijing person.

I: So you came to Beijing to work, only to try to become a Beijing person?

P: Because my hometown Baoding, it's very close to Beijing. There's tourist area there. They were about to draw it into Beijing City [drawing the city line around this area...], but they haven't done it yet. I'm still waiting for that day.

I: I see I see. That day will come! That's it! Thank you!

INTERVIEW GROUP # (ASSIGNED BY RESEARCHER): 6

Number of participants in group: 6

Interview location: by Yi Jia Zhuang subway station

Approximate duration: 6 minutes

Recording (Y/N): yes

Individual pictures (Y/N): no

Group picture (Y/N): yes

I: We'd like to ask, how old are all of you this year?

P: 55!

I: 55. And you?

P: No idea! Since I was little, I've never known.

I: I see! Okay. And you?

P: 45.

I: Okay. And you?

P: The same age as most I guess. [laughs]

I: So 45? And you?

P: 50.

I: And yo-

P: Would you like a roll? [*man tou*]

I: [laughs] And you? How old are you?

P: 40.

I: 40. Okay. And you said you are from Henan?

P: Yeah

I: And you?

P: We're all from Henan.

I: I see, you're all from Henan? And you? You too? Which part of Henan?

P: Jinxiang

I: Jinxiang? Jinxiang is a....? *County (xian)*?

P: Area. (*Di qu*) 1:03

I: Di qu? Then which village are you all from?

P: Ji Li Hong Cun [in accent...]

I: What?

P: Ji Li Gu!

I: Ah, Ji Li *Gu*.

P: Yeah.

I: Ji Li Gu Cun. Great. So, how long have you been in Beijing?

P: Huh?

I: How long have you been in Beijing?

P: 2 months already.

I: Two months. Everyone is together?

P: We came together.

I: Did you bring family?

P: No, we didn't bring them.

I: Didn't bring, you just came by yourselves, right?

P: Correct.

I: Then, how long have you guys worked in construction?

P: One year.

I: One year?

P: And you guys?

I: 1-2 years.

P: The total. Total time spent working in construction work, from the beginning to now. Just a little over a year?

I: How much longer do you plan on working in construction?

P: Who knows. [Depends on what the boss says.](#)

I: So however long your boss tells you to work is how long you work...

P: [all] Yeah

P: After 1-2 years...

I: After 1-2 years?

P: I'm going home for [yuan dan jie](#).(January 1) 2:05

I: You're going home for yuan dan jie?

P: Yeah.

I: Okay. Great. How long have you been working with this boss? Since the first time you worked with him...

P: 5 months...

I: 5 months?

P: [nods]

I: All of you too? You've been with this boss for about 5 months?

P: Yeah.

I: Then, about how much can you earn? Just approximately. Everybody please think about it.

P: over 3,000!

I: 3,000? Per month?

P: More or less!

I: One month you earn 3,000 more or less?

P: Yeah.

I: And you?

P: All the same.

I: The same. Everyone earns 3,000 more or less? Then, this boss, has he bought insurance for you?

[silence]

I: Is it clear? [whether or not he has]

P: I'm not clear about this.

I: Do any of you know whether or not your boss has bought health insurance for you?

P: Huh?

I: Healthcare insurance. Health insurance.

P: Don't know.

I: Don't know. Then, do any of you know what is included in health insurance?

P: Don't know. Didn't he already say that?

I: Oh right. So in Henan, in Xinxiang, did any of you buy insurance for yourselves?

P: I bought it!

I: Which one did you buy?

P: Life insurance.

I: Life insurance? And you?

P: Didn't buy.

I: You didn't buy? And you?

P: Also didn't buy.

I: Also didn't buy. So the rest of you didn't buy?

P: Right. 3:36

I: Then, if you get sick or injured during work, what do you do?

P: *lao ban guan* The boss will take care of it.

I: The boss will take care of it. What if it's a minor illness? The boss will also take care of it?

P: Yeah.

I: Okay. Then, under what circumstances would you normally go to the hospital?

P: If we're not sick we don't go. If we're sick we go.

I: If you're not sick you don't go. If you're sick you go. And you?

P: The same.

I: The same. Great. Then, if you go to the hospital, how much are you willing to pay?

P: However much it costs (yi yuan gei ni kai duo shao jiu na duo shao)

I: I see. However much it costs. What about over here. However much it costs?

P: Yeah.

I: Then, I'd like to ask everyone, what is your most common health issue?

P: No big problems really. Just trying to live and work well (hao hao gan huo). What kind of problems could there be? (neng you sha shi?)

I: I mean, like on the job...a cold, a cough, or...just things that happen more often?

P: Usually, I'm pretty healthy.

I: Then, would you go to a black clinic to see the doctor?

P: Who knows whether it is a black clinic or not?

I: Ohhh

P: I'm illiterate (wo bu shi zi), how can I tell if it's a black clinic or white clinic?

I: I see...so it's possible you would go?

P: That I don't know. Who knows where they are. Is there one in this neighborhood? (rhetorical question)

I: I see. Then, I'd like to ask, compared with before coming Beijing, how has your health been? Better than before? Worse than before?

P: About the same.

I: About the same?

P: Yeah.

I: And you?

P: About the same.

I: Also about the same? Or you don't feel it's better or worse?

P: Right.

I: Do you feel you need health insurance? Health insurance in Beijing.

P: I already earned 3-4 thousand; this is enough to use. I don't need it.

I: So you feel your earnings are enough?

P: I'm going home soon! When it's time to go home, that's when I get paid.

I: Okay. Great. Last question is, what is the greatest challenge you face right now?

P: No big problems.

I: No big problems.

P: The biggest problem is the cold weather.

I: And you?

P: No big problems. We're just very cold all the time. (pa leng, shou dong) 6:16

I: And you?

P: The same the same.

I: I see. Okay we're done with questions. Thank you, everyone!

APPENDIX E | Field Notes

Schedule:

Wednesday: Meet Yifan

Thursday: Visit Olympic Park; Yifan says she cannot translate; I contact Yangyang

Friday: Interview with Feng Wenmeng

Saturday: Meet with Yangyang

Sunday: End of Yizhuang Line (Taihu Town); visit Songjiazhuang Station

Monday: Worker interviews in Olympic Park vicinity

Wednesday: Yizhuang Culture Park; interviews under the overpass

Thursday: Songjiazhuang Station; interviews in their living quarters

Saturday: Meet with Yangyang for translation questions

Met with Yifan. Went over questionnaire. Decided on a schedule.

Visit Olympic Park

Go home, email from Yifan saying she can't translate. She offers three other contacts. I contact Yangyang, who is currently studying technology/industrial(?) translation.

Interview with Feng WenMeng.

To find sites, I began by looking on news websites for new development projects in Beijing. There were a few articles that talked about how there were proposals to redevelop the Olympic Park because it has been underutilized since the Games ended in 2008. When I went to visit the Olympic Park on Thursday, I walked around and eventually found workers gathering for lunch. I noted the time and location and kept walking. It did not look like there was any construction in the Olympic Park, except for the installation of a carousel. I started walking around the perimeter of the Park and found two or three what seemed to be large empty lots getting ready for construction. I noted the locations of these empty lots and decided that they would be worth asking about if the construction workers in the Olympic Park did not want to talk.

My translator, Yangyang, also recommended that I try looking for the construction site of the 7 Line. She said she heard that it was at the end of the Yizhuang Line. So on Sunday, I rode the subway to the last station on the Yizhuang Line. It was mostly above ground so I was able to observe the different neighborhoods we passed. There were several stops where I could see several massive high-rises under construction and I could only assume I was witnessing the creation of entire towns. When I arrived at the last station on the Yizhuang Line, I walked outside, it seemed like the station and its parking lot were the only fully developed structures within sight. There was a wide, two-lane road that serviced and went past the station; I could not see an end in either direction. There was also very little development in the area surrounding the subway station. I decided to walk around and to try to find the 7 Line construction site. Across the street, there was a sign that said "Taihu Town 生态小镇治力台湖" perhaps the entrance to an eco-friendly development. However, when I walked in, there was no sign of construction, but rather, a large field with a single-lane road leading into the

distance, where there seemed to be a cluster of factories. Just inside the entrance, there were about six or seven women perhaps in their 60s, sitting on folding chairs and chatting as if this ambiguous area was a locale for social gathering. I asked one of them if this was a construction site and she said it was not. I was confused because the sign at the entrance seemed to indicate that something exciting and innovative – an entire eco-friendly town – was about to be built. I left Taihu Town and continued walking down the two-lane street. The paved sidewalk was lined with a brick wall; I supposed it was the wall defining the area of Taihu Town. As I kept walking, I passed a school, an open field, and a cluster of what I thought were small manufacturing buildings. After 20 minutes of walking down the endless road without a hint of construction, I turned around and walked back to the station.

I took the Yizhuang Line back to Songjiazhuang Station, the transfer point between the end of the 5 Line and the beginning of the Yizhuang Line. In case I had misunderstood my translator's suggestion, I got off at Songjiazhuang and went outside to see if there was any construction going on. I found that there was a huge project right outside the entrance of the station, and thought perhaps I had found the 7 Line construction site. However, I asked a watchman and he said this construction wasn't for the 7 Line. He had not heard anything about subway construction in the area at all.

Although venturing down the Yizhuang Line was not successful in that I did not find the 7 Line construction site, I did find that there were many towns currently in development along the subway line, and that there was a fairly substantial project underway at Songjiazhuang.

On Monday, Yangyang and I visited the Olympic Park to conduct our first interviews. We first walked to the lunch area I had identified on Thursday. It must have been too early because no one was there eating yet. There were two men nearby who looked like construction workers so we asked if they were. They were. We asked them if we could interview them. They looked very skeptical and immediately said no, they didn't have time. We tried explaining to them what the project was but they did not seem interested in participating. After that, we walked to the sites surrounding the Olympic Park I had found on Thursday. One of them was a large, open lot and it looked like they just begun digging into the ground to build the foundation. We walked onto the site very easily as there was no gate or gatekeeper. We walked around the temporary buildings set up to look for a site manager or workers but did not see anyone around. Instead, we found the kitchen chef. He said that the workers were having lunch. However, when we looked around, we did not see anyone. Finally, we looked over a fence and down into one of the trenches that had already been dug. There, we saw roughly 20 workers waiting for lunch. We greeted them. They seemed amused that we wanted to chat with them. Yangyang quickly explained what we wanted to ask them and hesitantly, they agreed. We had five volunteers chat with us while they ate their lunch. The day before, I had decided to just have one questionnaire instead of one set of questionnaire questions and another set of interview questions. The workers had limited time to chat with us and so it would make more sense, I realized, to simply have one set. I had planned for the interviews to be around 20 minutes. However, after conducting the first one, we realized that a full interview would take only 5-7 minutes, if not less time if the workers had little to say.

On Wednesday, Yangyang and I conduct interviews again, this time at the Yizhuang Culture Park, which I passed on the subway during my search for the 7 Line construction site. This was the one site I was not able to walk around beforehand, so Yangyang and I decided to explore the area together. We walked by many high rises under construction but were not able to talk to anyone because they were still busy at work. We continue walking away from the subway station and continued into the town. We pass by a strip of restaurants that did not seem too busy and we guessed that they served the few people that worked in this area. Yizhuang Culture Park was still too new to support many businesses and employees. We continued walking and soon we found ourselves at the end of the business district with all the high rise office buildings under construction, and came upon buildings that looked more like apartment buildings. They were lower in height – maybe 7-10 stories tall – and had no ground floor retail. We decided to turn around and as we were walking back, we find a group of construction workers piling into a van. Yangyang runs up to them before they close the van door. She asks them if they are on their way to lunch. They say yes. She then explains that we would like to chat to them about health care insurance and if asks we would be able to go where they were going. They apologize, laugh a little, and say that we probably cannot go with them to lunch because it is far away, but that just around the corner was a lunch spot for many other workers. We thanked them and walked in the direction they pointed. We walked for about five minutes and wondered if they had tricked us, but soon we turned a corner and found a make-shift outdoor dining hall at the edge of a street and underneath an overpass. There were vendors selling drinks and various noodle soups on one side, and on the other, the workers gathered around long, low tables with bowls of steaming noodles while half-sitting and half-squatting on colorful plastic stools no more than 1.5 feet high. After some hesitation, Yangyang and I decide to simply walk around the tables and ask if anyone would be willing to talk to us. Most people turn us down. Some people thought we were selling something. The first person to agree to an interview did it alone while his friends looked on with amusement. In total, we conducted three interviews at this lunch spot. We decided to stop after three because at that point many were getting ready to go back to work.

Yangyang and I have lunch and then decide to meet again the next day to do one more interview with the workers near the construction site at Songjiazhuang Station. When we arrive, the construction site I have found on Sunday completely deserted; nobody was working. We decide to walk around to see if we could find anything else. We see a group of workers walking down the street and so we approach them. Yangyang asks if they had time to speak with us. They say no, but directed us down the street to an eating area. Since we had success with this kind of instruction just the day before, we thanked them and walked in the direction they pointed. This time, however, we do not find anyone. We turn around and wander a bit on our way back to the subway. We come upon some sort of worker compound within which we discover a health clinic that appeared to be illegal; there was no way of confirming. We continue walking back to the station and along the way, we pass by an open door of what appeared to be an abandoned apartment complex about to be torn down. There were construction workers inside having lunch; it made sense that they would be eating inside since it was a particularly cold day. Yangyang asks if we could ask them a few questions and they

invite us in. One worker jokingly offers us a roll. When we step through the doorway, it becomes clear that this is where they lived. All around the room, there are cots set up; it seemed like around 20 workers slept there.

Preparing for Beijing

From December 17th through the 28th, I stayed in Beijing, China to conduct interviews with migrant construction workers. I chose Beijing, China because it is the capital city and one of the most popular cities for migrant workers to find jobs.⁵ If there is to be a new national health care insurance policy for migrant workers, Beijing would be the ideal place for pilot implementation.

I developed a survey with basic health care questions and planned to conduct informal interviews with any willing migrant construction worker over 18 years of age.

Finding and Approaching Workers

Because I do not have native fluency in Mandarin, I felt it was necessary to have a native speaker come with me to help me conduct the interviews. The reasons for this are both because I was told migrant workers from rural areas have strong accents that even Beijingers have a difficult time understanding, as well as the desire to make the interviews more of a natural conversation. I met YangYang through a friend of a friend and she was critical to the implementation of the interviews. She is currently studying English translation at Peking University so I felt she would be able to understand the need for sensitivity when going between languages.

I wanted the interviews to be more of a conversation, which meant that in the field, Yangyang would be conducting the actual interviews while I stood beside her. Before we started we had a training period where I explained my project to Yangyang and explained what I wanted out of the interviews. We also established a way to introduce ourselves: “We are students studying health insurance. I am from Peking University and this is my classmate who is from the States. She doesn’t speak Chinese very well but can understand. May we ask you a few questions?” We also decided that we would not conduct interviews individually but as a group, with the rationale that they would feel more comfortable and therefore more inclined to share information with us. We would aim for approximately 5 workers and would offer each of them a compensation of 15 yuan for their time and information; ideally we wanted to record all the interviews but would give workers the option to decline; this applied to asking to take their picture at the end as well.

Before arriving in Beijing, I had only a vague idea about how to find construction sites and construction workers. When I met Yangyang, I explained my idea to search online for “development projects in Beijing” with the expectation of finding the locations of new construction. After I had found these locations, I would visit these sites to see if it was possible to find workers and conduct interviews; some places may not actually be under construction

⁵ Peng et al. “Factors associated with health-seeking behavior among migrant workers in Beijing, China”. *BioMed Central*. 2010. 10(69).

while some other places may be too dangerous. Once I had a final set of locations, I would take Yangyang back with me to conduct the interviews. Yangyang seemed to not have any objections or suggestions – perhaps only doubt and curiosity as to whether or not this would actually work, which was about how I felt too – so I followed through with that plan.

In the end, we conducted interviews in three locations:

- 1) On a construction site just outside the Olympic Park
- 2) At a lunch area for workers in Yizhuang Culture Park
- 3) In the home of construction workers near the Songjiazhuang subway station

All interviews were conducted during lunchtime. Initially, we had anticipated that the interviews would last about 20 minutes, expecting that they would have a lot to say about their health care experiences in the city. However, all the interviews lasted roughly 5 minutes. When the interview was complete, we asked to take a picture of them and offered 15 yuan; all except one worker declined the money, and even the one who did, only accepted 10 yuan. After Yangyang and I were finished at each site, we would have lunch together and then sit down to listen to the recording and take notes about what they said. If there was something I didn't understand, she would be there to explain it.

At the first site, we interviewed one group of five workers. At the second site, we conducted a total six workers over four sets of interviews. The first interview was with one person, while his friends sat around and listened with amusement. The second interview was with four people. Both the third and fourth interviews were with one person each. At the third site, our interview was with a group of six workers. In total, we interviewed 17 workers over 6 interviews at three sites.

Once the interviews were finished, I spent a few days to translate and transcribe the interviews to English. I would reference the notes Yangyang and I took post-interview to supplement the audio recordings, which, luckily, all interviewees agreed to allow us to take. When I finished, I met with Yangyang one last time so that she could help me with specific passages that I could not understand.

Wenmeng Feng

With gratitude to my advisor, Professor Xin Li, who helped me make this connection, I also had the opportunity to meet and talk with Wenmeng Feng, a director of research at the China Development Research Foundation, while I was in Beijing. For much of his career, Dr. Feng's research has been concerned with population trends. In the last few years, he has been increasingly focused in migration and health care in China.

I met with Dr. Feng in his office and I was able to interview him for two hours. I came prepared with a set of questions to guide the conversation, but allowed the topics to meander if it seemed he felt it was relevant or important to mention.

REFERENCE

- Barber, Sarah L. and Lan Yao. "Health insurance systems in China: A briefing note". World Health Organization. 2010.
- Beijing YiZhuang Economic Development Zone. "About BDA." 2014.
- Blumenthal, David, and William Hsiao. "Privatization and Its Discontents – The Evolving Chinese Health Care System". *New England Journal of Medicine*. 2005. 353(11): 1165-1170.
- Boynton, Xiaoqing Lu, Olivia Ma, and Molly Claire Schmalzbach. "Key Issues in China's Health Care Reform". Center for Strategic and International Studies. Dec 2012.
- Chen, Junjie. Interview. Columbia University. New York. 2014 Apr 8.
- China Health and Nutrition Survey. 2012.
- China Knowledge Online. "Beijing Economic - Technological Development Area (BDA)." 2014
- Chunshui, Wang. "Justice in the Expansion of Medical Insurance Coverage in China". *Asian Bioethics Review*. 2010. 2(3): 173-181.
- Dong, Keyong. "Medical insurance system evolution in China". *China Economic Review*. 2009. 20: 591-597.
- Esping-Anderson, Gosta. *The Three Worlds of Capitalism*. Polity press, Cambridge. 1990.
- Feng, Wenmeng. Interview. China Development Research Foundation. 2013 Dec 20.
- Gao et. al. "Health equity in transition from planned to market economy in China". *Health Policy and Planning*. 2002: 17(suppl 1).
- Hennock, M. "China's health insurance system is failing poor people". *British Medical Journal*. 2007. 35(7627): 961.
- Hong et al. "Too Costly to be Ill: Health Care Access and Health Seeking Behaviors Among Rural-to-urban Migrants in China". *World Health Population*. 2006. 8(2): 22-34.
- Hsiao, William. "The Chinese Health Care System: Lessons for Other Nations". *Social Science and Medicine*. 1995: 41(8).
- Human Rights Watch. "One Year of My Blood". 2008. 20(3C).
- Lei, Xiaoyan and Wanchuan Lin. "The New Cooperative Medical Scheme in Rural China: Does More Coverage Mean More Service and Better Health care?" China Center for Economic Research, Peking University. 2009.
- Lei, Xiaoyan and Wanchuan Lin. "The New Cooperative Medical Scheme in Rural China: Does More Coverage Mean More Service and Better Health care?" China Center for Economic Research, Peking University. 2009.
- Levy, Helen and Meltzer, David. "What Do We Really Know About Whether Health Insurance Affects Health?" University of Chicago. 2001 Dec 20.
- Li, Hui and Ben Blanchard. "China's 'black clinics' flourish as government debates health reform". Reuters. 2013 Mar 27.
- Liu, Hong, Song Gao, and John A. Rizzo. "The expansion of public health insurance and the demand for private health insurance in rural China". *China Economic Review*. 2010. 22: 28-41.
- Liu, Y., Rao, K., and William Hsiao. "Medical expenditure and rural impoverishment in China. *Journal of Health, Population and Nutrition*. 2003. 21(3): 213-222.
- Lund, Frances and Srinivas, Smita. "Learning from Experience: A Gendered Approach to Social Protection for Workers in the Informal Economy". International Labour Organization. 2000. Geneva, Switzerland. ILO/STEP and WIEGO, and Turin (2005).
- Ministry of Health. "The Development of China's New Rural Cooperative Medical Scheme". 2012 Sept 17. <<http://www.moh.gov.cn/mohbgt/s3582/201209/55893.shtml>>.

Ministry of Public Health. Health Statistics Information in China, 1949-88. Ministry of Public Health, Beijing, 1989.

Mou et al. "Health care utilisation amongst Shenzhen migrant workers: does being insured make a difference?" BMC Health Services Research. 2009. 9:214.

National Health and Family Planning Commission (NHFP). "Floating Population in China Development Report 2013". 2013.

Peng et al. "Factors associated with health-seeking behavior among migrant workers in Beijing, China". BioMed Central. 2010. 10(69).

Ren, Xuefei and Meng Sun. "Artistic Urbanization: Creative Industries and Creative Control in Beijing". International Journal of Urban and Regional Research. May 2012. 36(3): 504-521.

Reuters. "China faces social, financial risks in urbanization push". 2013 Mar 7.

Srinivas, Smita. "Cost, Risk and Labour Markets: The State and Sticky Institutions in Global Production Networks". The Indian Journal of Labour Economics. 2009. 52(4).

Unger, J.P. and Criel, Bart. "Principles of Health Infrastructure Planning in Less Developed Countries". International Journal of Health Planning and Management. 1995: 10.

Unger, J.P. and Criel, Bart. "Principles of Health Infrastructure Planning in Less Developed Countries". International Journal of Health Planning and Management. 1995: 10.

Wang, Qingyun. "Low number of migrant workers have insurance". China Daily. 2013 Oct 6.

Wang, Yunping. "The policy process and context of the Rural New Cooperative Medical Scheme and Medical Finance Assistance in China". Studies in HSO&P. 2008. 23: 123-156.

Want China Times. "Beijing's rapid urbanization raises concerns". 2013 Sep 16.

World Health Organization. "China's new health plan targets vulnerable". 2010.

Xin, Chen. "Sites still hold dangers for construction crews". China Daily. 2012 Sept 17.

Xinhua News. "Beijing to fund infrastructure construction with private capital". 2013 Jul 31.

Yip, Winnie, and William Hsiao. "China's health care reform: A tentative assessment". China Economic Review. 2009. 20: 613-619.

Yu Dezhi. Changes in Health Care Financing and Health Status: The Case of China in the 1980s. Innocenti Occasional Papers. Economic Policy Series, No. 34. Florence, UNICEF

Yu, Dezhi. Changes in Health Care Financing and Health Status: The Case of China in the 1980s. Innocenti Occasional Papers. Economic Policy Series, No. 34. Florence, UNICEF International Child Development Center, Italy, 1992.

Zhao, Da-hai, Ke-qin Rao, and Zhi-ruo Zhang. "Coverage and utilization of the health insurance among migrant workers in Shanghai, China". Chinese Medical Journal. 2011. 124(15): 2328-2334.